

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003181 (2)**

1. Corporation Name

SGC CONSTRUCTION COMPANY OF VIRGINIA

Principal Place of Business

**1005 GLENWAY AVENUE
BRISTOL VA 24201**

Mailing Address

**1005 GLENWAY AVENUE
BRISTOL VA 24201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

54-1560732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CEOD
MCGLATHLIN, JAMES W**
STREET ADDRESS **1005 GLENWAY AVENUE**
CITY-ST-ZIP **BRISTOL VA 24201**

TITLE ☐ DELETE

NAME **COOP
FOWLKES, J T**
STREET ADDRESS **1005 GLENWAY AVENUE**
CITY-ST-ZIP **BRISTOL VA 24201**

TITLE ☐ DELETE

NAME **VSD
STREET, N D**
STREET ADDRESS **339 W. MAIN STREET**
CITY-ST-ZIP **GRUNDY VA 24614**

TITLE ☐ DELETE

NAME **TD
MCGLATHLIN, W W**
STREET ADDRESS **480 W. MAIN STREET**
CITY-ST-ZIP **GRUNDY VA 24614**

TITLE ☐ DELETE

NAME **AT
CLARKE, LOIS A**
STREET ADDRESS **1005 GLENWOOD AVENUE**
CITY-ST-ZIP **BRISTOL VA 24201**

TITLE ☐ DELETE

NAME **AS
BELL, WAYNE L**
STREET ADDRESS **1005 GLENWAY AVENUE**
CITY-ST-ZIP **BRISTOL VA 24201**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

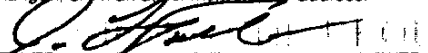
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

 **Thomas Fowlkes**

3/9/98

CR2E034 (10/97)