FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY
1995

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836358** **(2)**

1. Corporate Name

RELIABLE CONSTRUCTION COMPANY, INC.

Principal Place of Business

P. O. BOX 688
100 SUTHERLAND AVENUE
MONROE NC 28110

Mailing Address

P. O. BOX 688
100 SUTHERLAND AVENUE
MONROE NC 28110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1976**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — Country — 25

Zip — 29 — Country — 30

4. FEI Number: **56-0846064** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1501 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

(If changing Registered Agent, New Registered Agent must sign here. If changing Registered Agent's address only, Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MOORE, G. C.	2 NAME	
STREET ADDRESS	617 CHAMBWOOD DR	3 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	4 CITY-ST-ZIP	
TITLE	V	5 TITLE	☐ Change ☐ Addition
NAME	MOORE, GALARD C., JR	6 NAME	
STREET ADDRESS	2524 KING ARTHUR DR	7 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	8 CITY-ST-ZIP	
TITLE	P	9 TITLE	☐ Change ☐ Addition
NAME	MOORE, DOUGLAS	10 NAME	
STREET ADDRESS	420 CHAMBWOOD DR	11 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	12 CITY-ST-ZIP	
TITLE	S	13 TITLE	☐ Change ☐ Addition
NAME	GARRISON, PHYLLIS	14 NAME	
STREET ADDRESS	2209 MELODY RD	15 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	16 CITY-ST-ZIP	
TITLE	T	17 TITLE	☐ Change ☐ Addition
NAME	TYSON, VIRGINIA	18 NAME	
STREET ADDRESS	5107 MYERS RD	19 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. To the best of my knowledge, I certify that the information supplied with this report is accurate, complete and current as of the date this report is executed. I further certify that the information indicated on this 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 1, 2 or Block 13 if changed or added to the report.

SIGNATURE: X Phyllis Garrison — X 3-21-95 — 704-289-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Phyllis Garrison Secretary

EF