

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

FILED
Feb 12 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|------------------------|--|--|
| DOCUMENT # 836358 (2) 1. Corporation 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 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 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 607.0502 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D MOORE, G. C. | 1.1 TITLE | |
| NAME | 617 CHAMWOOD DR | 1.2 NAME | |
| STREET ADDRESS | MONROE NC | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | V MOORE, GALARD C., JR | 2.1 TITLE | |
| NAME | 2524 KING ARTHUR DR | 2.2 NAME | |
| STREET ADDRESS | MONROE NC | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | P MOORE, DOUGLAS | 3.1 TITLE | |
| NAME | 420 CHAMWOOD DR | 3.2 NAME | |
| STREET ADDRESS | MONROE NC | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | S GARRISON, PHYLLIS | 4.1 TITLE | |
| NAME | 2209 MELODY RD | 4.2 NAME | |
| STREET ADDRESS | MONROE NC | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | T TYSON, VIRGINIA | 5.1 TITLE | |
| NAME | 5107 MYERS RD | 5.2 NAME | |
| STREET ADDRESS | MONROE NC | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address. | | | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1976

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

SIGNATURE: X

Phyllis Garrison

1-28-98X

704-289-1501

CR2E034 (10/97)