

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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**



3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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	CEOD	<input type="checkbox"/> DELETE
NAME	MCGLATHLIN, JAMES W	
STREET ADDRESS	1005 GLENWAY AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	COOP	<input type="checkbox"/> DELETE
NAME	FOWLKES, J T	
STREET ADDRESS	1005 GLENWAY AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STREET, N D	
STREET ADDRESS	339 W. MAIN STREET	
CITY-ST-ZIP	GRUNDY VA 24814	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGLATHLIN, W W	
STREET ADDRESS	480 W. MAIN STREET	
CITY-ST-ZIP	GRUNDY VA 24814	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CLARKE, LOIS A	
STREET ADDRESS	1005 GLENWOOD AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
J. Thomas Fowlkes, President

2/11/97

Date

540/645-1445

Daytime Phone

0512560

CR2E034 (9/96)