

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90154 009 \*\*\*150.00

DOCUMENT # F96000003181

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

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	CEO	<input checked="" type="checkbox"/> DELETE
NAME	MCGLOTHLIN, JAMES W	
STREET ADDRESS	1005 GLENWAY AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	COOP	<input checked="" 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 24614	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCGLOTHLIN, W W	
STREET ADDRESS	460 W. MAIN STREET	
CITY-ST-ZIP	GRUNDY VA 24614	
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	President, CEO, Treasurer, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McGlothlin, James W.	
1.3 STREET ADDRESS	1005 Glenway Avenue	
1.4 CITY-ST-ZIP	Bristol, VA 24201	
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 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, with all other like empowered.

SIGNATURE:

*James W. McGlothlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. McGlothlin 2/18/99 540/645-1445

Date

Daytime Phone #