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 AND FILED
95 APR 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12492 **(5)**

1. Corporation Name
SIGMA CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
2991 DOC BENNETT RD PO DRAWER 35328 FAYETTEVILLE NC 28306	2991 DOC BENNETT RD PO DRAWER 35328 FAYETTEVILLE NC 28306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1986	3a. Date of Last Report: 02/16/1994
4. FEI Number: 56-1423170	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2991 Doc Bennett Rd.	26 2991 Doc Bennett Rd.
Suite, Apt. #, etc. 22 P.O. Drawer 35328	Suite, Apt. #, etc. 27 P.O. Drawer 35328
City & State 23 Fayetteville, NC	City & State 28 Fayetteville, NC
Zip / Country 24 28303 / 25 [redacted]	Zip / Country 29 28303 / 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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DAVID	1.2 NAME	500001468435
STREET ADDRESS	6930 SOUTH STAFF ROAD	1.3 STREET ADDRESS	-04/28/95--01039--002
CITY-ST-ZIP	FAYETTEVILLE NC	1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, STEPHEN	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 240	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINDEN NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DESMA L	3.2 NAME	
STREET ADDRESS	6930 SOUTH STAFF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTTEVILLE NC	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JASON E	4.2 NAME	
STREET ADDRESS	6930 SOUTH STAFF ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	4/26/95 MST
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ 4-17-95 910-323-1166
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
DAVID A. MARTIN
Date Daytime Phone #