

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12492** (5)

1. Corporation Name
SIGMA CONSTRUCTION CO., INC.

Principal Place of Business:

2991 DOC BENNETT RD
PO DRAWER 35328
FAYETTEVILLE NC 28303

Mailing Address:

2991 DOC BENNETT RD
PO DRAWER 35328
FAYETTEVILLE NC 28303



2. Principal Place of Business:

2a. Mailing Address:

21 2991 Doc Bennett Road
Sub: Apt. #, etc.
22 P.O. Drawer 35328
City & State
23 Fayetteville, NC
Zip
24 28303 25

26 2991 Doc Bennett Road
Sub: Apt. #, etc.
27 P.O. Drawer 35328
City & State
28 Fayetteville, NC
Zip
29 28303 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 12/12/1986	3a. Date of Last Report 04/26/1995
4. FEI Number 56-1423170	Applied For Not Applicable
5. Contribution of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

11. I, the undersigned, being the duly authorized officer or director of the corporation, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the State of Florida. I am a resident of this state and a resident of the State of Florida. I am a resident of this state and a resident of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE: PD NAME: MARTIN, DAVID STREET ADDRESS: 6930 SOUTH STAFF ROAD CITY, ST. & ZIP: FAYETTEVILLE NC SD TYPE: [] DELETED NAME: DRAKE, STEPHEN STREET ADDRESS: RT. 2, BOX 240 CITY, ST. & ZIP: LINDEN NC D TYPE: [] DELETED NAME: MARTIN, DESMA L STREET ADDRESS: 6930 SOUTH STAFF ROAD CITY, ST. & ZIP: FAYETTEVILLE NC TD TYPE: [] DELETED NAME: MARTIN, JASON E STREET ADDRESS: 6930 SOUTH STAFF ROAD CITY, ST. & ZIP: FAYETTEVILLE NC TYPE: [] DELETED NAME: [] DELETED STREET ADDRESS: [] DELETED CITY, ST. & ZIP: [] DELETED NAME: [] DELETED STREET ADDRESS: [] DELETED CITY, ST. & ZIP: [] DELETED	TYPE: [] CHANGE [] ADDITION NAME: [] CHANGE [] ADDITION STREET ADDRESS: [] CHANGE [] ADDITION CITY, ST. & ZIP: [] CHANGE [] ADDITION TYPE: [] CHANGE [] ADDITION NAME: [] CHANGE [] ADDITION STREET ADDRESS: [] CHANGE [] ADDITION CITY, ST. & ZIP: [] CHANGE [] ADDITION TYPE: [] CHANGE [] ADDITION NAME: [] CHANGE [] ADDITION STREET ADDRESS: [] CHANGE [] ADDITION CITY, ST. & ZIP: [] CHANGE [] ADDITION TYPE: [] CHANGE [] ADDITION NAME: [] CHANGE [] ADDITION STREET ADDRESS: [] CHANGE [] ADDITION CITY, ST. & ZIP: [] CHANGE [] ADDITION

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the State of Florida. I further certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the State of Florida. I further certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the State of Florida.

SIGNATURE: *David A. Martin* PRESIDENT 3/18/96 910-323-1168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)