

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90143 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P12492⁰⁰*

1. Corporation Name

Sigma Construction Co., Inc.

Principal Place of Business 2991 Doc Bennett Road Fayetteville, NC 28303 US	Mailing Address P.O. Drawer 35328 Fayetteville, NC 28303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip Country

2a. Mailing Address

26. P.O. Drawer 65559

27. Suite, Apt. #, etc.

28. Fayetteville, NC

29. 28306 30. US

3. Date Incorporated or Qualified

12-12-86

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

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

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	P/D	<input type="checkbox"/> DELETE
NAME	Martin, David	
STREET ADDRESS	6930 South Staff Road	
CITY - ST - ZIP	Fayetteville, NC 28306	

TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Drake, Stephen	
STREET ADDRESS	Rt. 2 Box 240	
CITY - ST - ZIP	Linden, NC 28356	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Martin, Desma L	
STREET ADDRESS	6930 South Staff Road	
CITY - ST - ZIP	Fayetteville, NC 28306	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Martin, Jason E	
STREET ADDRESS	6930 South Staff Road	
CITY - ST - ZIP	Fayetteville, NC 28306	

TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Wall, Rick	
STREET ADDRESS	2991 Doc Bennett Road	
CITY - ST - ZIP	Fayetteville, NC 28303	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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: *Rick Wall, CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

910-323-1168
Daytime Phone #