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

## FILED Apr 26, 1999 8:00 am

| 1999 DOCUMENT # P12 492  1. Corporation Name  Sigma Construction Co., Inc.  Principal Place of Business 2991 Doc Bennett Road Fayetteville, NC 28303 Fayetteville, NC 28303 US  2. Principal Place of Business US  2. Principal Place of Business US  3. Date Incorporated or Qualified 12-12-86 4. FEI Number 21  | PROFIT<br>CORPORATION<br>ANNUAL REPORT |   | FLORIDA DEPARTMENT OF STATE  Katherine Harris |                     | Secretary of State<br>04-26-1999 90143 017 ***150.00 |   |  |  |
|--|--|---|---|---------------------|--|---|--|--|
| DOCUMENT # P12 493 °C  1. Corporation Name  Sigma Construction Co., Inc.  Mailing Address  Fayetteville, NC 28303  Fayetteville, NC 28303  Say Fayetteville, NC 28303  Say Fayetteville, NC 28303  Salks Apt # 60:  21   |  | •   | Secretary of State                            |                     |  |   |  |  |
| Principal Place of Business   Service   P.O. Drawer   35328   Payetteville, NC   28303   Fayetteville, NC   28303   Payetteville, NC   28303   Payetteville, NC   28303   Payetteville, NC   28303   Payetteville, NC   Payett | DOCU                                   | MENT # P124                               |   |                     |  |   |  |  |
| Payetteville, NC 28303   Payetteville, NC 28306   Payetteville, NC 28   | Sigma (                                | Construction Co.,                         | Inc.  |                     |  |   |  |  |
| Payetteville, NC 28303   Fayetteville, NC 28303   Fayetteville, NC 28303   Sale bicoposited or Ovalified   12-12-86   Sale bicoposited or Ovalified   Sale bicoposited   Sale bicoposited   Sale bicoposited   Sale bicoposited   Sale bicoposit   |  |   | •   | 25200               |  |   |  |  |
| US   |  |   |   |                     | 2  |   |  |  |
| 2. Pincipal Place of Business   2a. Mailing Address   72   P.O. Drawer 65559   5.6-1423170   Not Applied For 72   P.O. Drawer 65559   5.6-1423170   Not Applied For 72   P.O. Drawer 65559   5.6-1423170   Not Applied For 75   Not Applied Fo   |  | eville, NC 20303                          |   | , NC 2030           |  |   |  |  |
| 2.   Mailing Address   2.   Mailing Address   2.   Applied For   3   2.   P.O. Drawer 65559   56-1423170   \$  |  |   | 0.5   |                     |  | }   |  |  |
| Suite Apt #, etc.   Suite, A   | · ·                                    | Place of Business                         |   | C                   | 4. FEI Number  | <del> </del>  |  |  |
| City & State   |  | # etc                                     |   | r 65559             |  |   |  |  |
| Trust frum Contribution  | 22                                     | π <sub>1</sub> 6t6.                       | <b></b>                                       |                     | 5. Certificate of Status Desired                     |   |  |  |
| Zip  |  | е   |   | l - NC              |  |   |  |  |
| 28   |  | Country                                   |   |                     |  |   |  |  |
| 9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent  | 24                                     | · ·                                       |   |                     | •  |   |  |  |
| CT Corporation System  1200 S: Pine Island Road  Plantation, FL 33324  ### City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purvose of changing its registered agent, or bith, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby, accept the applications of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purvose of changing its registered agent, or bith, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby, accept the applications 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 reinstaling)   D.TE  |  | 9. Name and Address of Current I          | Registered Agent                              |                     | 10. Name and Address of New R                        | egistered Agent   |  |  |
| Corporation System    200 S   Pine   Island Road   83  |  |   |   | 81 Name             |  |   |  |  |
| Plantation, FL 33324  83  Plantation, FL 33324  84 City FL 85 Zip Code  11. Pursuent to the provisions of Sections 607.0502 and 607.1508. Floride Statutes, september of Control of Changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purvises of changing its registered agent and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  14. In ITILE  15. MARTHIN, David  15. Interest Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  NAME  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  19. NAME  10. STREET ADDRESS  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. NAME  10. STREET ADDRESS  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. NAME  10. STREET ADDRESS  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  10. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. The Addition 15. ADDIT | CT Con                                 | noration System                           |   | 82 Street Ad        | dress (P.O. Box Number is Not Accepta                | able)   |  |  |
| Plantation, FL 33324  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the pur ose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, 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 reinstalling)   D.TE   |  |   | ad  | 83                  |  |   |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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. Thereby accept the appcintment is registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIG |  |   | • •   |                     |  |   |  |  |
| 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 appcintment as registered agent i am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes    Signature, typed or printed name of registered agent and tille if applicable.   (NOTE: Registered Agent signature required when reinstating)   Directors   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  | , .                                    |   |   | 84 City             |  | FL 85 Zip Code  |  |  |
| Signature, typed or printed name of registered agent and tille if applicable.   (NOTE: Registered Apent signature required when reinstating)   D.TE  | registered                             | office or registered agent, or both, in t | he State of Florida. Such cha                 | ange was authorized | d by the corporation's board of directors.           | r the purpose of changing its (10). I hereby accept the appointment |  |  |
| TILE P/D DELETE 1.1 TILE NAME STREET ADDRESS GTY. ST. ZIP DELETE  |  |   |   | MOTT. DI-1-1        | * * - * - * - * - * - * - * - * - * - *              |   |  |  |
| TITLE  |  | · · · · · · · · · · · · · · · · · · ·     |   |                     |  | RS AND DIRECTORS IN 12  |  |  |
| STREET ADDRESS 6930 South Staff Road 13 STREET ADDRESS 14 CITY-ST-ZIP  TITLE S/D DELETE 21 TITLE Charge Addition STREET ADDRESS 24 CITY-ST-ZIP  TITLE D DRAKE, Stephen 22 STREET ADDRESS 24 CITY-ST-ZIP  TITLE D DRATE, NC 28356 24 CITY-ST-ZIP  TITLE D DRATE, NC 28306 35 CITY-ST-ZIP  TITLE D DREETE ADDRESS CITY-ST-ZIP  TITLE TAYLOR CONTROL OF ADDRESS CITY-ST-ZIP  TITLE D DREETE STREET ADDRESS CITY-ST-ZIP  TITLE TAYLOR CONTROL OF ADDRESS CITY-ST-ZIP  TITLE DREET ADDRESS CITY-ST-ZIP  TITLE CHARGE ADDRESS CITY-ST-ZIP  TOTAL CITY-ST |  |   |   | 1.1 TITLE           |  | Change Addition   |  |  |
| City - Si - ZiP  |  | Martin, David                             |   |                     |  |   |  |  |
| TITLE  |  |   |   |                     |  |   |  |  |
| NAME   STREET ADDRESS   CITY-ST-ZIP   Linden, NC 28356   24 CITY-ST-ZIP   Linden, NC 28306   24 CITY-ST-ZIP   Linden, NC 28306   31 CITY-ST-ZIP   Linden, NC 28306   32 CITY-ST-ZIP   Linden, NC 28306   34 CITY-ST-ZIP   Linden, NC 28306   Linden, NC 283   |  |   |   |                     |  | Channe Addition   |  |  |
| STREET ADDRESS   Rt. 2 Box 240   23 STREET ADDRESS   Linden, NC 28356   24 CITY-ST-ZIP    TITLE   D  |  |   | Thereig                                       | l i                 |  | Clarge  |  |  |
| TITLE NAME NAME NATTIN, Desma L STREET ADDRESS CITY.ST-ZIP Fayetteville, NC 28306  TITLE D Martin, Jason E STREET ADDRESS CITY-ST-ZIP Fayetteville, NC 28306  TITLE D Martin, Jason E STREET ADDRESS CITY-ST-ZIP Fayetteville, NC 28306  TITLE T/D DELETE STREET ADDRESS CITY-ST-ZIP TITLE T/D DELETE STREET ADDRESS CITY-ST-ZIP TITLE T/D DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRES | STREET ADORESS                         | Rt. 2 Box 240                             | _   | 2.3 STREET ADDRESS  |  |   |  |  |
| NAME   Martin, Desma L   32 NAME   33 STREET ADDRESS   CITY ST - ZIP   Fayetteville, NC 28306   34 CITY - ST - ZIP    TITLE   D  |  |   |   |                     |  | Dr Addition   |  |  |
| STREET ADDRESS CITY ST - ZIP Fayetteville, NC 28306 TITLE D DELETE Martin, Jason E STREET ADDRESS CITY - ST - ZIP Fayetteville, NC 28306 TITLE T/D NAME Wall, Rick STREET ADDRESS CITY - ST - ZIP Fayetteville, NC 28303 TITLE T/D NAME STREET ADDRESS CITY - ST - ZIP Fayetteville, NC 28303 TITLE T/D DELETE STREET ADDRESS CITY - ST - ZIP Fayetteville, NC 28303 TITLE T/D DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE Change Addition Addition Change Addition  | i                                      | l <del>-</del>                            | nerere  |                     |  | Change [ ] Addition   |  |  |
| CITY ST ZIP Fayetteville, NC 28306 3.4 CITY ST ZIP  TITLE D D DELETE 4.1 TITLE   |  |   | Road  |                     |  |   |  |  |
| NAME Martin, Jason E 4.2 NAME 6930 South Staff Road 4.3 STREET ADDRESS CITY-ST-ZIP Fayetteville, NC 28306 4.4 CITY-ST-ZIP  TITLE T/D DELETE 5.1 TITLE SOUTH STATE TADDRESS CITY-ST-ZIP DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP Fayetteville, NC 28303 5.4 CITY-ST-ZIP  TITLE DELETE 6.1 TITLE SOUTH STATE STREET ADDRESS CITY-ST-ZIP Change Addition DELETE 6.3 STREET ADDRESS CITY-ST-ZIP CANAME 6.3 STREET | CITY - ST - ZIP                        |   |   | 3.4 CITY - ST - ZIP |  |   |  |  |
| STREET ADDRESS CITY - ST - ZIP Fayetteville, NC 28306  TITLE T/D Wall, Rick STREET ADDRESS CITY - ST - ZIP  TITLE  DELETE S1 TITLE S2 NAME S1REET ADDRESS CITY - ST - ZIP  TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY - ST - ZIP  TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY - ST - ZIP  TITLE DELETE S1 TITLE Change Addition Change Addition S1 STREET ADDRESS CITY - ST - ZIP  Change Addition S1 STREET ADDRESS CITY - ST - ZIP  | TITLE                                  |   | DELETE  | 4.1 TITLE           |  | Change Addition   |  |  |
| CITY-SI-ZIP Fayetteville, NC 28306 4.4 CITY-SI-ZIP  TITLE T/D DELETE 5.1 TITLE Change Addition  NAME Wall, Rick 52 NAME  STREET ADDRESS CITY-SI-ZIP Fayetteville, NC 28303 5.4 CITY-SI-ZIP  TITLE DELETE 6.1 TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TOTAL Change Addition  6.2 NAME  6.3 STREET ADDRESS CITY-SI-ZIP  TOTAL Change Addition  6.4 CITY-SI-ZIP   |  | Martin, Jason E                           | Dood  |                     |  | ļ   |  |  |
| TITLE T/D DELETE 5.1 TITLE  NAME Wall, Rick 52 NAME  STREET ADDRESS CITY ST - ZIP  TITLE DELETE 6.1 TITLE  DELETE 6.1 TITLE  STREET ADDRESS CITY ST - ZIP  TO DELETE 6.3 STREET ADDRESS CITY ST - ZIP  Change Addition  Addition  Change Addition  Addition  6.2 NAME  6.3 STREET ADDRESS  CITY ST - ZIP   |  |   |   | I '' !              |  |   |  |  |
| NAME Wall, Rick STREET ADDRESS 2991 Doc Bennett Road TITLE TITLE DELETE STREET ADDRESS 6.1 TITLE STREET ADDRESS 6.2 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  Change Addition   |  |   | 7   | t                   |  | Change Addition   |  |  |
| CITY ST ZIP Fayetteville, NC 28303 5.4 CITY ST ZIP  TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS CITY ST ZIP 6.4 CITY ST ZIP   |  | Wall, Rick                                |   |                     |  |   |  |  |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY - ST - ZIP   |  | 2991 Doc Bennett                          | Road  |                     |  | 1   |  |  |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY - ST - ZIP         6.4 CITY - ST - ZIP  |  |   |   |                     |  |   |  |  |
| STREET ADDRESS CITY ST - ZIP 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP  | i                                      |   | DEITERE                                       |                     | :.   | ChangeAbdition  |  |  |
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In 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 path; 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR