

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90174 047 ***158.75

DOCUMENT # 387477

1. Entity Name
CLAY ELECTRIC SERVICES, INC.

Principal Place of Business 225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HEIGHTS FL 32656	Mailing Address 225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HEIGHTS FL 32656-0308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1613094	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHILLIPS, WILLIAM C.
225 W. WALKER DR
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASTINGS, ANGUS POST OFFICE BOX 8 FT. MCCOY FL 32134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 17188 NE 45th Ave Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CEDRICK M. JR. 106 NE 6TH AVENUE WILLISTON FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINS, ROBERT S. 1702 S. WATERS STREET STARKE FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALPHURS, THOMAS L. 17216 NW 262ND AVENUE ALACHUA FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGATE, RAYMOND POST OFFICE BOX 1324 KEYSTONE HEIGHTS FL 32656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 6505 Immokalee Rd.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: William C. Phillips **REQUIRED** Date April 4, 2000 Daytime Phone # (352) 473-8000

C.F. 0314 (1/99)

#387477
 ADDS7104

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	T/D X Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	1526 Hwy 17 North
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, FI 32007
8.1 TITLE		8.1 TITLE	D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S US Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FI 32640
9.1 TITLE		9.1 TITLE	D X Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	RT. 1 Box 478 N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FI 32054
10.1 TITLE		10.1 TITLE	CEO X Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FI 32656

*Note the N/A in the address is because no street address is available.