

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90118 013 \*\*\*158.75

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**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**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1613094**

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HASTINGS, ANGUS</b> <b>17188 NE 45TH AVE RD</b> <b>FT. MCCOY FL 32134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GNANN, FLOYD</b> <b>4138 EVERETT AVENUE</b> <b>MIDDLEBURG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, CEDRICK M. JR.</b> <b>106 NE 6TH AVENUE</b> <b>WILLISTON FL 32696</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MULLINS, ROBERT S.</b> <b>1702 S. WATERS STREET</b> <b>STARKE FL 32091</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>MALPHURS, THOMAS L.</b> <b>17216 NW 262ND AVENUE</b> <b>ALACHUA FL 32615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>WINGATE, RAYMOND</b> <b>6505 IMMOKALEE RD</b> <b>KEYSTONE HEIGHTS FL 32656</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10334 SE State Rd 100</b> <b>Starke, Fl 32091</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C. Phillips* **WILLIAM C. PHILLIPS** **4/17/03** **(352) 473-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

90092638

ATTACHMENT

387477

**Clay Electric Services**

11. OFFICERS AND DIRECTORS		12. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	P/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	S/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 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 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.