

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387477

Entity Name: CLAY ELECTRIC SERVICES, INC.

Current Principal Place of Business:

225 WEST WALKER DRIVE
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P.O. BOX 308
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 59-1613094

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAVIS, RICHARD KCEO
225 W. WALKER DR
KEYSTONE HEIGHTS, FL 32656 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REEVES, SUSAN S
Address 12028 HWY 301 SOUTH
City-State-Zip: HAWTHORNE FL 32640

Title PRESIDENT, DIRECTOR
Name SMITH, KELLEY RJR
Address 1520 HWY 17 NORTH
City-State-Zip: BOSTWICK FL 32007

Title DIRECTOR
Name HASTINGS, KAREN
Address 17188 NE 45TH AVE RD
City-State-Zip: CITRA FL 32113

Title DIRECTOR
Name WILSON, JIMMY
Address 1881 LONGBAY ROAD
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name MALPHURS, J C
Address 16808 NW 262ND AVE
City-State-Zip: ALACHUA FL 32615

Title CEO
Name DAVIS, RICHARD K
Address 3243 FIRESIDE DRIVE
City-State-Zip: MIDDLEBURG FL 32068

Title D
Name HAGGLUND, CARL F
Address 6778 WOMENS CLUB ROAD
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title VP, DIRECTOR
Name HERSEY, DEWITT
Address 7372 SE 11TH AVENUE
City-State-Zip: STARKE FL 32091

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD K DAVIS

CEO

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, DIRECTOR
Name WHITEHEAD, JOHN H
Address 10320 NE 207TH LANE
City-State-Zip: LAKE BUTLER FL 32054

Title SECRETARY, DIRECTOR
Name SMITH, JO ANN
Address 16115 NW HWY 320
City-State-Zip: MICANOPY FL 32667