

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 493846

Entity Name: C. W. ROBERTS CONTRACTING, INCORPORATED**Current Principal Place of Business:**1603 BAY AVENUE
PANAMA CITY, FL 32405**Current Mailing Address:**P.O. BOX 16279
TALLAHASSEE, FL 32317 US**FEI Number:** 59-1683951**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLOWERS, ROBERT P
3372 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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 P
Name FLOWERS, ROBERT P
Address 3372 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name PALMER, ALAN
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

Title ASST. SECRETARY
Name CRAMER, KIMBERLY M
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

Title CEO
Name OWENS, CHARLES E
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY, CFO
Name DELISLE, ROBERT
Address 3372 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name CARPENTER, DARRYL
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

Title VP
Name FLEMING III, NED N
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

Title VP, ASST. SECRETARY, TREASURER
Name MATTESON, MARK R
Address P.O. BOX 16279
City-State-Zip: TALLAHASSEE FL 32317

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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: ROBERT DELISLE**SECRETARY / CHIEF
FINANCIAL OFFICER****03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	SAVOY, STUART
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317