2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2021
Secretary of State
2899484244CC

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

Title	VP
Name	SAVOY, STUART
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	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

Title	VP
Name	RILEY, CHRIS
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 FLOWERS PRESIDENT 01/04/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	STRAIN, JAMES(JIMMY) A
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317

Title	V.P.
Name	ARMSTRONG, M. BRETT
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317

Title	V.P.
Name	CASTLEBERRY, WILLIAM T.
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317

Title	ASST. SECRETARY
Name	STEELE, MATTHEW
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317