

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 493846

**Entity Name:** C. W. ROBERTS CONTRACTING, INCORPORATED**Current Principal Place of Business:**3660 HARTSFIELD ROAD  
TALLAHASSEE, FL 32303**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:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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        P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

Title            SECRETARY  
Name            DELISLE, ROBERT  
Address        P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

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

Title            C  
Name            FLEMING, NED  
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            SAVOY, STUART  
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

Title            VP  
Name            STRAIN, JAMES(JIMMY) A  
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

01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title V  
Name MORETZ, JAMES W  
Address PO BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

Title AS  
Name BROOKS, J RYAN  
Address P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

Title V  
Name HOFFMAN, GREGORY A  
Address P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

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

Title V  
Name FINCH, DARRYL C  
Address P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317

Title CEO  
Name SMITH, FRED J III  
Address P.O. BOX 16279  
City-State-Zip: TALLAHASSEE FL 32317