

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493846

Entity Name: C. W. ROBERTS CONTRACTING, INCORPORATED**Current Principal Place of Business:**3372 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308**Current Mailing Address:**P.O. BOX 16279
TALLAHASSEE, FL 32317**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	SECRETARY, CFO
Name	DELISLE, ROBERT
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	VP
Name	CARPENTER, DARRYL
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	VP
Name	FLEMING III, NED N
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, ASST. SECRETARY, TREASURER
Name	MATTESON, MARK R
Address	P.O. BOX 16279
City-State-Zip:	TALLAHASSEE FL 32317

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/CFO****01/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date