2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018582

Entity Name: CLYDE JOHNSON CONTRACTING & ROOFING, INC.

Current Principal Place of Business:

417 W. SUGARLAND HWY. CLEWISTON, FL 33440

Current Mailing Address:

PO BOX 216 CLEWISTON, FL 33440

FEI Number: 56-2314864

Name and Address of Current Registered Agent:

JOHNSON, CLYDE D 417 W SUGARLAND HWY CLEWISTON, FL 33440 US Secretary of State CC4207485879

Date

FILED Jan 15, 2013

Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | Ρ | Title | S |
|-----------------|----------------------|-----------------|------------------------|
| Name | JOHNSON, CLYDE D | Name | JOHNSON, SHANAN M |
| Address | 3785 W WAYMAN RD | Address | 3785 W WAYMAN RD |
| City-State-Zip: | MOORE HAVEN FL 33471 | City-State-Zip: | MOORE HAVEN FL 33471 |
| Title | VP | Title | т |
| Name | MERCER, DAVID R | Name | CARROLL, R. LJR. |
| Address | 417 W SUGARLAND HWY | Address | 540 W. SAGAMORE AVENUE |
| City-State-Zip: | CLEWISTON FL 33440 | City-State-Zip: | CLEWISTON FL 33440 |
| Title | AS | | |
| Name | JOHNSON, TIMOTHY C | | |
| Address | 508 E. PASADENA | | |
| City-State-Zip: | CLEWISTON FL 33440 | | |

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: CLYDE D. JOHNSON

PRESIDENT

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date