## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 480210

AMERICAN CLAY & SHELL, INC.

## FILED Feb 20 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2755 FENWICK ROAD 2755 FENWICK ROAD PENSAÇOLA FL 32526-1425 PENSACOLA FL 32526-1425 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1975 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1630446 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DICKSON, BARRY E. Name 121 S PALAFOX STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE C 83 PENSACOLA FL 32501 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am brigillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change TITLE 1.1 TITLE **GORDON, RICHARD** NAME 1.2 NAME CR2E034 **REBEL ROAD** STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE GORDON, RICHARD E JR NAME 2.2 NAME 21810 KOIER RD. STREET ADDRESS 2.3 STREET ADDRESS ROBERTSDALE AL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C!TY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in