

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850511 (7)**

1. Corporation Name  
**CLAY COUNTY PORT, INC.**



Principal Place of Business <b>2000 W CLUB LN. STE A                  RICHMOND VA 23226</b>	Mailing Address <b>2000 W CLUB LN. STE A                  RICHMOND VA 23226</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1981</b>	
21 <b>11453 Rockville Road</b> Suite, Apt. #, etc.	26 <b>P. O. Box 40</b> Suite, Apt. #, etc.			4. FEI Number <b>62-1126614</b>	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Rockville, VA</b> Zip Country	28 <b>Rockville, VA</b> Zip Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>23146</b>	25 <b>Hanover</b>	29 <b>23146</b>	30 <b>Hanover</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>STEWART, E.T.                  HWY 16 EAST                  GREEN COVE SPRINGS FL 32043</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, GLENN R.</b>	1.2 NAME	
STREET ADDRESS	<b>2700 TUFTON AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLYNDON MD</b>	1.4 CITY-ST-ZIP	<b>Glyndon, MD 21071</b>
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, JOHN B</b>	2.2 NAME	
STREET ADDRESS	<b>100 SHOCKOE SLIP</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA</b>	2.4 CITY-ST-ZIP	<b>Richmond, VA 23219</b>
TITLE	<b>TAS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, BETTY W</b>	3.2 NAME	
STREET ADDRESS	<b>5913 MOSS CREEK ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLOTHIAN VA</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Vice-President/Director</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>J.W.Y. Martin Jr.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2700 Tufton Avenue Glyndon, MD 21071</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Vice-President/Director</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Nancy G. Martin</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>3201 Tufton Avenue Glyndon, MD 21071</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Vice-President/Director</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>J.W.Y. Martin III</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>51 Olive Avenue Larkspur, VA 24499</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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 Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Glenn R. Martin* **Glenn R. Martin** 2-4-98 (804)749-8172  
 President

CR2E034 (10/97)