

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

000974

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90108 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850511

1. Corporation Name
CLAY COUNTY PORT, INC.



Principal Place of Business 11453 ROCKVILLE RD RICHMOND VA 23146 US	Mailing Address P O BOX 40 ROCKVILLE VA 23146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Rockville, VA	28 City & State
24 Zip Country Country	29 Zip Country Country

3. Date Incorporated or Qualified 09/29/1981	
4. FEI Number 62-1126614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEWART, E.T.
HWY 16 EAST
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name P. Ted McGowan
82 Street Address (P.O. Box Number is Not Acceptable)
83 954 Martin Ave. Hwy 16 East
84 City Green Cove Springs FL 85 Zip Code 32043

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 *P. Ted McGowan* **P. Ted McGowan** **3-31-99** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	MARTIN, GLENN R.
STREET ADDRESS	2700 TUFTON AVENUE
CITY-ST-ZIP	GLYNDON MD 21071
TITLE	S <input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN B
STREET ADDRESS	100 SHOCKOE SLIP
CITY-ST-ZIP	RICHMOND VA 23219
TITLE	VPD <input type="checkbox"/> DELETE
NAME	J.W.Y. MARTIN JR
STREET ADDRESS	2700 TUFTON AVE
CITY-ST-ZIP	GLYNDON MD 21071
TITLE	VPD <input type="checkbox"/> DELETE
NAME	NANCY G MARTIN
STREET ADDRESS	3201 TUFTON AVE
CITY-ST-ZIP	GLYNDON MD 21071
TITLE	VPD <input type="checkbox"/> DELETE
NAME	J.W.Y. MARTIN III
STREET ADDRESS	51 OLIVE AVE
CITY-ST-ZIP	LARKSPUR CA 94939
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn R. Martin* **Glenn R. Martin** **4-7-99** **(804) 749-8172**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2F034 (11/98)