2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65310 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name CLAM INDUSTRIES, INC. 04-06-2000 90057 026 ***158.75 Mailing Address Principal Place of Business 3517 CENTURY BLVD. 3517 CENTURY BLVD. P O BOX 6899 P O BOX 6899 LAKELAND FL 33807-6899 LAKELAND FL 33807-3899 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-3013278 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - - 7. Name and Address of New Registered Agent MEYER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH CENTRAL AVE. **BARTOW FL** Zip Code City 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITI F TITLE ☐ Delete NORMAN, VINCENT LARRY NAME NAME 4124 FOREST HILLS DRIVE STREET ADDRESS 4737 HIGHLANDS PLACE CR. & STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL LAKELAND, I=C 33813 Change ☐ Addition ☐ Delete TITLE TITLE NORMAN, PAMELA NAME 4124 FOREST HILLS DRIVE 4737 HIGHLANDS PLACE CR. K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 report or supplemental 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 11 or Block 12 if

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Vincent | Norman | Resident | 3/31/00 | (863) 646-5681 |
| Date | Date