

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF ST.
DIVISION OF CORPORA

95 APR -6 AM 9:1

DOCUMENT # M94786

(4)

1. Corporation Name

INDIAN RIVER CLAM COMPANY, INC.

Principal Place of Business

550 KAREN AVE.
ALTAMONTE SPRINGS FL 32701

Mailing Address

550 KAREN AVE.
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2811878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

REBIK, THOMAS L.
550 KAREN AVE.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALMER, NED B.
STREET ADDRESS	18 ORANGEWOOD CT
CITY - ST - ZIP	APOPKA FL
TITLE	VST
NAME	REBIK, THOMAS L.
STREET ADDRESS	550 KAREN AVE.
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	CLARK, DONALD H.
STREET ADDRESS	5807-B GATLIN AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BITTERMAN, IRVIN D.
STREET ADDRESS	2372 HOFFNER AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	PARKER, RAY
STREET ADDRESS	4230 FALLWOOD CR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-94 (4m) 876-5030

Date

Signature