


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90013 028 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000053826**

1. Corporation Name  
**CEDAR KEY CLAMS, INC.**



Principal Place of Business P.O. BOX 340 CEDAR KEY FL 32625-0340	Mailing Address PO BOX 340 CEDAR KEY FL 32625-0340 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>P.O. Box 933</u>	2a. Mailing Address 26 <u>PO Box 933</u>
Suite, Apt. #, etc. 22 _____	Suite, Apt. #, etc. 27 _____
City & State 23 <u>CEDAR KEY, FL 32625</u>	City & State 28 <u>CEDAR KEY, FL</u>
Zip 24 <u>32625</u>	Country 25 <u>USA</u>
Zip 29 <u>32625</u>	Country 30 <u>USA</u>

3. Date Incorporated or Qualified <b>07/28/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3202847</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARSHALL, BRUCE A**  
**16351 SW PARODA AVE**  
**CEDAR KEY FL 32625**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZEIGLER, RICHARD A</b>	
STREET ADDRESS	<b>13850 SW AIRPORT RD</b>	
CITY-ST-ZIP	<b>CEDAR KEY FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, BRUCE A</b>	
STREET ADDRESS	<b>16351 SW PARODA AVE</b>	
CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARSHALL, BRUCE A.</b>	
1.3 STREET ADDRESS	<b>16351 SW PARODA AVE.</b>	
1.4 CITY-ST-ZIP	<b>CEDAR KEY, FL 32625</b>	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SMITH, JANEICE F.</b>	
2.3 STREET ADDRESS	<b>5340 HWY 48 N.</b>	
2.4 CITY-ST-ZIP	<b>CUMBERLAND FURNACE, TN 37051</b>	
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.

SIGNATURE: Bruce Marshall 9/14/99 352-543-6130

CR2E034 (5/99)