

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

1996-11-26

B- 3393 C  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067616 (0)**

1. Corporation Name  
**THE CLAM SHACK, INC.**



Principal Place of Business: P.O. BOX 789 CEDAR KEY FL 32625-0789  
Mailing Address: P.O. BOX 789 CEDAR KEY FL 32625-0789

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 09/12/1994  
3a. Date of Last Report: 07/14/1995  
4. FFL Number: 59-3272582  
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

SMITH, LEROI W  
HWY 347 AND TONY RD  
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State, 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 607.0305, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent) and Date fields.

OFFICERS AND DIRECTORS

12. Officers and Directors table with columns for Title, Name, Street Address, City, State, Zip, and a Delete checkbox. Includes entries for SMITH, LEROI W and DELANEY, JOANI S.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. Additions/Changes table with columns for Title, Name, Street Address, City, State, Zip, and checkboxes for Change and Addition.

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

MAR 20 1996

CR2E034 (12/95)