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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067616

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1994

2. Principal Place of Business, 2a. Mailing Address, 4. FEI Number 59-3272582, 5. Certificate of Status Desired \$8.75 Additional Fee Required, 6. Election Campaign Financing \$5.00 May Be Added to Fees, 8. This corporation owes the current year Intangible Personal Property Tax. [X] 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 Name LeRoi W. Smith 82 Street Address 1751 SW 132 Terrace Box # 789 84 City Cedar Key FL 85 Zip Code 32625

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 reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: LeRoi W. Smith REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 17 1999

Date Daytime Phone #

CR2E034 (11/98)