FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067616

1. Corporation Name

THE CLAM SHACK, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90018 050 ***150.00



						/		
Principal Place	e of Business	Mailing Address	•	, , , , , , , , , , , , , , , , , , , ,				
P.O. BOX 789 CEDAR KEY FL 32625-0789		P.O. BOX 789 CEDAR KEY FL 32625-0789			T WRITE IN THIS	SPACE		
				3. Date Incorporated or Qu 09/12/1994			·	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Ар	plied:For = :	
1	<u>^</u>	26		59-3272582	_	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ired 🗆	\$8.75 Additional Fee Required		
City & State		City & State			ncing	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the	ne current vear Into	angible		
24	25	29 3	<u> </u>	Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□No	
	9. Name and Address of 0		-1	10. Name and Address of	New Registered	Agent		
HWY	TH, LEROI W 7 347 AND TONY RD PAR KEY FL 32625		81 Nan 82 Stre // 83	ne LeRoi W. Smith et Address (P.O. Box Number is Not A 31 SW 132 Textace Bo	acceptable)			
			84 City	Carlas kay	EI	85 Zip C	Code	
				eciar Key	<u>FL</u>	1326	5 <u>7 3</u>	
office or r	registered agent or both in the	07.0502 and 607.1508, Florida Statutes State of Florida. Such change was autl obligations of, Section 607.0505, Florid	horized by the co	ed corporation submits this statement in proporation's board of directors. I hereby	accept the appoir	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registe	prod asset and title if applicable (NOTE: R	egistered Agent signat	re required when reinstating)	DATE			
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES		D DIRECTO	RS IN 12	
TITLE	D 01 1102	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	SMITH, LEROI W		1.2 NAME					
STREET ADDRESS	00 004 700		1.3 STREET ADDRE	ss			}	
	CEDAR KEY FL 32625		1.4 CITY-ST-ZIP				,	
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NAME			2.2 NAME	l_	• .	_ ,		
1	}		2.3 STREET ADDRE	ce F			1	
STREET ADDRESS							ľ	
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NAME	ĺ		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	××				
CITY-ST-ZIP	L	7	4.4 CITY-ST-ZIP			Change	Addition	
TITLE	T	[] herete						
		☐ DELETE	5.1 TITLE					
		☐ DELETE	5.2 NAME			0		
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NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.1 TITLE					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Honda Statutes. If further certify that the information indicated on this 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 tike empowered.

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