

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000009525 (3)**

1. Corporation Name

CEDAR KEY CLAM PATCH, INC.



Principal Place of Business: **LCR - 455 ROSEWOOD CEDAR KEY FL 32625**
Mailing Address: **P.O. BOX 402 CEDAR KEY FL 32625**

3. Date Incorporated or Qualified: **02/01/1995**
3a. Date of Last Report: **NA**

2. Principal Place of Business: **21 S.W. 67th Place**
22 Suite, Apt #, etc.
2a. Mailing Address: **26 P.O. Box 868**
27 Suite, Apt #, etc.
23 City & State: **Cedar Key, FL.**
28 City & State: **Cedar Key, FL.**
24 Zip: **32625**
25 Country: **U.S.A.**
29 Zip: **32625**
30 Country: **U.S.A.**

4. FEI Number: **59-3299085**
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: **VIETEL, WILLIAM
1ST STREET HWY 24
GULF SIDE MOTEL
CEDAR KEY FL 32625**
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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Pinner	1.2 NAME	
STREET ADDRESS	926 Eighth Street	1.3 STREET ADDRESS	
CITY - ST - ZIP	Cedar Key, FL. 32625	1.4 CITY - ST - ZIP	
TITLE	V/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eli Ingram	2.2 NAME	
STREET ADDRESS	S.W. 67th Place	2.3 STREET ADDRESS	
CITY - ST - ZIP	Cedar Key, FL. 32625	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diana Pinner* **Diana Pinner** **6/12/96** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # **543-6814**

CR2E034 (3/96)