

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

FILED

Apr 15 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P95000009525 (3)**

1. Corporation Name  
**CEDAR KEY CLAM PATCH, INC.**



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| Principal Place of Business<br><b>S W 67TH PLACE<br/>CEDAR KEY FL 32625<br/>US</b> | Mailing Address<br><b>P O BOX 868<br/>CEDAR KEY FL 32625-0868<br/>US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/01/1995</b> | 3a. Date of Last Report<br><b>06/20/1996</b> |
|--|--|

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|--|---|---|---|
| 2. Principal Place of Business<br>21 <b>7251 SW 132nd TER.</b><br>22 Suite, Apt. #, etc.   | 2a. Mailing Address<br>26<br>27 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3289085</b>  | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |
| 23 <b>Cedar Key FL 32625</b><br>24 Zip <b>32625</b> 25 Country <b>U.S.A</b>  | 28 City & State<br>29 Zip<br>30 Country             | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 9. Name and Address of Current Registered Agent<br><b>VIERTTEL, WILLIAM<br/>1ST STREET HWY 24<br/>GULF SIDE MOTEL<br/>CEDAR KEY FL 32625</b> |   | 10. Name and Address of New Registered Agent  |   |

|         |   |    |         |                          |
|---------|---|----|---------|--------------------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code<br><b>FL</b> |
|---------|---|----|---------|--------------------------|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PS<br/>PINNER, DIANA<br/>926 EIGHTH ST<br/>CEDAR KEY FL</b><br><input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>Pres. / Secretary<br/>Diana Pinner<br/>7251 SW 132nd Terr.<br/>Cedar Key, FL 32625</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VT<br/>INGRAM, ELI<br/>S W 67TH PLACE<br/>CEDAR KEY FL</b><br><input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <b>V. pres. / Treasurer<br/>Eli Ingram<br/>7351 SW 132nd Terr.<br/>Cedar Key, FL 32625</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I do 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: Diana Pinner **DD** 4-8-97 (352) 543-8026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)