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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000085899 (9) **DOCUMENT #** 1. Corporation Name CLAM CATERING, INC. Mailing Address Principal Place of Business 740 ROCKPORT COURT 740 ROCKPORT COURT MARÇO ISLAND FL 33937 MARCO ISLAND FL 33937 3. Date incorporated or Qualified 11/07/1995 3a. Date of Last Report 4, FEI Number Applied For 2a. Mailing Address 65-0619556 Principal Place of Business 740 ROCKBRT CONST Not Applicable 715 BALD BACLE \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees MYRG (Imp 28 MARCO ISLAM Trust Fund Contribution Country USA 8. This corporation has liability for intangible tax under s. 199.032, Country Yes TM6 USA Fiorida Statutes 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NEALE, PATRICK H** Street Address (P.O. Box Number is Not Acceptable) 82 48 TEMPLEWOOD COURT MARCO ISLAND FL 33937 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELFTE 1.1 TiTut TITLE PETRONE, CHARLES 1.2 NAME NAME 999 N BARFIELD DR 1.3 STREET ADDRESS STREET ADDRESS. MARCO ISLAND FL 33937 1.4 CiTr - S1 - ZiP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE SEGASTURE, JAMES 740 ROCKPORT COURT 2.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 33937 2 4 CITY - ST - ZIE CITY - ST - ZIP Addit on Change DELETE 3 1 T T1E TITLE 3.2 NAME NAME 3.3 STREET ACORESS STREET ADDRESS 3.4 City - ST. ZIF City - ST - ZiP Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CiTY - \$1 - 216 CITY - ST - ZIP Addition Change DELETE 5 I FILLE TITLE 5.2 NAM? NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZP CITY - ST-ZIP Change Addition DELETE 6 1 TIT; E THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST ZIP 14. I do hereby certify that the information supplies with this firing 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coats, that I am an officer or director of the corporation or the receiver or trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block. 13 it changed, or on an attachment with an address. 941-594-7171

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR