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Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000085899 (9)**

1. Corporation Name
CLAM CATERING, INC.

Principal Place of Business	Mailing Address
715 BALD EAGLE DR MARCO ISLAND FL 33937 US	~~740 ROCKPORT COURT~~ ~~MARCO ISLAND FL 33937~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 715 BALD EAGLE DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 MARCO ISLAND
City & State 23	City & State 28 Florida
Zip / Country 24 / 25	Zip / Country 29 34145 / 30 USA

3. Date Incorporated or Qualified: 11/07/1995

4. FEI Number: 65-0619556 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEALE, PATRICK H 48 TEMPLEWOOD COURT MARCO ISLAND FL 33937	81 Name: SAME 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGASTURE, KRISTINE 740 ROCKPORT CT MARCO ISLAND FL	☒ DELETE	1.1 TITLE D. Pres. 1.2 NAME Robin LANDERS 1.3 STREET ADDRESS 1800 APRIL CT. 1.4 CITY-ST-ZIP MARCO ISLAND, FLA. 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGASTURE, JAMES 740 ROCKPORT COURT MARCO ISLAND FL	☒ DELETE	2.1 TITLE D. V.P. 2.2 NAME GINA FURFEY 2.3 STREET ADDRESS 356 BARFIELD NORTH 2.4 CITY-ST-ZIP MARCO ISLAND FLA. 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE D. SEC. WAYNE FURFEY 3.2 NAME 3.3 STREET ADDRESS 356 BARFIELD NORTH 3.4 CITY-ST-ZIP MARCO ISLAND FLA 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE D. TRES. AL LANDERS 4.2 NAME 4.3 STREET ADDRESS 1800 APRIL CT. 4.4 CITY-ST-ZIP MARCO ISLAND, FLA. 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: 2/18/98 9416428080