

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

FILED

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
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DOCUMENT # **P95000085899 (9)**

1. Corporation Name

CLAM CATERING, INC.

Principal Place of Business

**715 BALD EAGLE DR
MARCO ISLAND FL 33937
US**

Mailing Address

**740 ROCKPORT COURT
MARCO ISLAND FL 33937
US**



DO NOT WRITE IN THIS SPACE

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

**NEALE, PATRICK H
48 TEMPLEWOOD COURT
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

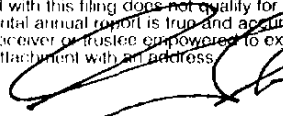
TITLE	D	☒ DELETE
NAME	SEGASTURE, KRISTINE	
STREET ADDRESS	740 ROCKPORT CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	☒ DELETE
NAME	SEGASTURE, JAMES	
STREET ADDRESS	740 ROCKPORT COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D. PRES.	☒ Change ☐ Addition
1.2 NAME	ROBIN LANDERS	
1.3 STREET ADDRESS	1800 APRIL CT.	
1.4 CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
2.1 TITLE	D. V.P.	☒ Change ☐ Addition
2.2 NAME	GINA FURFAY	
2.3 STREET ADDRESS	356 BARFIELD NORTH	
2.4 CITY-ST-ZIP	MARCO ISLAND FLA. 34145	
3.1 TITLE	D. SEC. WAYNE FURFAY	☒ Change ☐ Addition
3.2 NAME	356 BARFIELD NORTH	
3.3 STREET ADDRESS	MARCO ISLAND FLA 34145	
3.4 CITY-ST-ZIP		
4.1 TITLE	D. TRES. AL LANDERS	☒ Change ☐ Addition
4.2 NAME	1800 APRIL CT.	
4.3 STREET ADDRESS	MARCO ISLAND, FLA. 34145	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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**

CP2E034 (10/97)