Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90047 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000038256

ST. PETERSBURG CLAY COMPANY, INC.

| Principal Place of Business Mailing Address |  |                                     |                         |                   | F INESTONS ILA INITA DISTI ANTIS BULLI ARIIS ANTIS   | 404B) (A10B)  | 8411 <b>8 8</b> 131 1881                |
|---|--|-------------------------------------|-------------------------|-------------------|--|---------------|---|
| 2326 16TH AVE. NORTH 2326 16TH AVE. NO      |  |                                     |                         |                   |  |               |   |
| ST PETERSBUR                                | - · · · <del>-</del> ·   | ST PETERSBURG FL 33713              |                         |                   |  |               |   |
| US  |  | US                                  | ı\$                     |                   | DO NOT WRITE IN THIS SPACE   |               |   |
|   |  |                                     |                         |                   | 3. Date Incorporated or Qualifed   |               |   |
|   |  |                                     |                         |                   | 04/29/1996<br>4. FEI Number  | 1145          | plied For                               |
| 2. Principal P                              | 2a. Mailing Address 26 Z 346 64  | A                                   |                         | 59-3380128        |  | t Applicable  |   |
| 21 2346                                     |  | 26 2346 657<br>Suite, Apt. #, etc.  | ME.                     | 2                 | 39-3300120   | \$8.75 A      |   |
| Suite, Apt.                                 | #, etc.  | <del>-</del> -                      | s, Apt. #, etc.         |                   | 5. Certifcate of Status Desired  | Fee Re        |   |
| City & Stat                                 | te .   | City & State                        |                         |                   | 6. Election Campaign Financing   | \$5.00        | May Re                                  |
|   | TERSBURG F(  | 28 ST. PETERSBY                     | 3 <b>R</b>              | =1                | Trust Fund Contribution  | Added to      | , ,                                     |
| Zip   | Country  | Zip                                 | Country                 | _1\               | 8. This corporation owes the current year Int  | angible       |   |
| 24 337                                      | 13 25 US   | 29 33713 30                         | 51 V                    | (S                | Personal Property Tax.   | ☐Yes          | MNo                                     |
| <del></del>                                 | 9. Name and Address of Curren  | t Registered Agent                  |                         |                   | 10. Name and Address of New Registered   | Agent         |   |
|   |  |                                     | 81                      | Name              |  |               |   |
| KNAUST, WARREN J                            |  |                                     |                         | Street A          | ddress (P.O. Box Number is Not Acceptable)   |               |   |
| 2730 CENTRAL AVE                            |  |                                     | L                       |                   | ,  |               |   |
| SIF   | PETERSBURG FL 33712  |                                     | 83                      | 3                 |  | •             |   |
|   |  |                                     | 84                      | City              |  | 85 Zip C      | Code                                    |
|   |  |                                     |                         | 1                 | FLFL   | .             |   |
| 11. Pursuant                                | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes,   | the abov                | e-named co        | orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoi  | changing its  | registered i                            |
| oπice or i<br>agent. I a                    | registered agent, or both, in the State<br>am familiar with, and accept the obliga | tions of, Section 607.0505, Florida | a Statute               | s.                | audit's board of directors. Thereby absort the appoin  | in the second | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNATURE                                   |  |                                     |                         |                   |  |               | {                                       |
| OTOTATOTE                                   | Signature, typed or printed name of registered ager                                |                                     |                         | ent signature req | quired when reinstating) DATE  |               | 50,0040                                 |
| 12.   |  | ID DIRECTORS                        | 13.                     | Т.                | ADDITIONS/CHANGES TO OFFICERS AN   | Change        | Addition                                |
| TITLE                                       | PT AND AND A   | ☐ DELETE                            | 1.1 TITLE               |                   |  | ☐ Change      | L.J Addition                            |
| NAME  | COWEN, JAMES S   |                                     | 1.2 NAME                |                   |  |               | ļ                                       |
| STREET ADDRESS                              |  |                                     |                         | ET ADDRESS        |  |               |   |
| CITY-ST-ZIP                                 | ST PETERSBURG FL   | ☐ DELETE                            | 1.4 CITY-1              | ST-ZIP            |  | ☐ Change      | Addition                                |
| TITLE                                       | VS   | □ DECEIE                            | 2.1 TITLE               | i                 |  | ontarigo      |   |
| NAME  | HILTON, RUSSELL I  |                                     | 2.2 NAME                |                   |  |               |   |
| STREET ADDRESS                              |  |                                     |                         | ETADDRESS         | •  |               | . 1                                     |
| CITY-ST-ZIP                                 |  |                                     | 2. 4 CITY-<br>3.1 TITLE | ST-ZIP            | The second secon | Change        | ·  Addition                             |
| TITLE                                       | NADVED CHADIES I   | _                                   |                         | 1                 |  |               |   |
| NAME  | PARKER, CHARLES L<br>462 28TH AVE N  |                                     | 3.2 NAME                |                   |  |               |   |
| STREET ADDRESS                              | ST PETERSBURG FL   |                                     |                         | ET ADDRESS        |  |               |   |
| CITY-ST-ZIP                                 | SI FEIENSBURG FL   | PETERSBURG FL 3.4.1                 |                         | ST-ZIP            |  | Change        | Addition                                |
| TITLE                                       |  | G betere                            | 4, 2 NAME               | .                 |  |               | _                                       |
| NAME  |  |                                     | 1                       |                   |  |               |   |
| STREET ADDRESS                              |  | ]                                   |                         | ET ADDRESS        |  |               |   |
| CITY-ST-ZIP                                 |  | ☐ DELETE                            | 4.4 CITY-               | 31-ZIP            |  | Change        | Addition                                |
| TITLE                                       |  |                                     | 5.2 NAME                |                   |  |               | -                                       |
| NAME<br>OXOCCE + DDDDESO                    |  |                                     |                         | ET ADDRESS        | •  |               |   |
| STREET ADDRESS                              | 9  |                                     | 5.4 CITY-               |                   |  |               |   |
| CITY-ST-ZIP<br>TITLE                        | -  | ☐ DELETE                            | 6.1 TITLE               |                   | ,  | Change        | Addition                                |
|   |  | _ 5===.                             | 6.2 NAME                |                   | _  |               |   |
| NAME<br>STREET ADDRESS                      |  |                                     | R                       | ET ADDRESS        |  |               |   |
| JIRCEL ADDRESS                              | 11   |                                     |                         |                   |  |               |   |

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 han attachment with an address, with all other like empowered.

SIGNATURE:

2-12-99