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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042968 (2)

FILED May 15 1998 8:00am Secretary of State

CEDAR KEY CLAM SEED COMPANY Mailing Address Principal Place of Business PO 80X 46 #2L JACKSON'S ISLAND AT HMY 24 AND FRANCO DRIVE CEDAR KEY FL 32625 DO NOT WRITE IN THIS SPACE CEDAR KEY FL 32625 3. Date incorporated or Qualified 05/07/1997 Applied For 2a. Mailing Address 2. Principal Place of Business *59-* 3447369 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country ZID 8. This corporation owes or has paid the occurrent year Intangible ☐ No Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAUSEY, KATHRYN Jackson's Island at hwy 24 and Franko drs Street Address (P 82 O. Box Number is Not Acceptable) CEDAR KEY FL 32625 83 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 wereby 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 title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change 1.1 TITLE TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIE Change Addition 2.1 TITLE TITLE **2.2 NAME** NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ D€LETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City-St-ZiP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed or o

SIGNATURE:

4-15-98 352-543-6271