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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100955 (8)

EBB TIDE CLAM COMPANY, INC.

**FILED** Feb 20 1998 8:00am Secretary of State



rnincipal riace of business		Mailing Address			
HWY 24 & SWISH AVE. CEDAR KEY FL 32625		HWY 24 & SWISH AVE. CEDAR KEY FL 32625			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/01/1997
2. Principal Pi	ac <b>e o</b> f Business	2a. Mailing Address			4. FEI Number  34-348972H  Applied For Not Applicable
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30.  Yes  No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
PAI	RKER, ALISON L		81	Name	e
	S. CALHOUN ST., STE. 350		82	Ctroot	et Address (P.O. Box Number is Not Acceptable)
	LAHASSEE FL 32301		02	Street	ac Address (P.O. Box Number is Not Acceptable)
ivi	-DANAGOEF (F OFFICE)		83	· · · · · · · · · · · · · · · · · · ·	
			84	City	FiL 85 Zip Code
44 Discount l	a the previous of Sections 607 DEC	12 and CO7 1500 Florida Chatute	oo the ebou	2 2022	ed corporation submits this statement for the purpose of changing its registered
office or re	o the provisions of Sections our occ egistered agent, or both, in the State	of Florida. Such change was a	authorized b	/ the cor	proporation's board of directors. I hereby accept the appointment as registered
agent. I ar	n <b>fa</b> miliar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	S.	
SIGNATURE					
·	Signature, typed or printed name of registered age			ont signatur	ure required when reinstating)  DATE  DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKHAM, WALTER M		1.2 NAME		
STREET ADDRESS	HWY 24 & SWISH AVE.		1.3 STREET	ADDRESS	S †
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY- S	T-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	BECKHAM, NANCY J. S		2.2 NAME		
STREET ADDRESS	HWY 24 & SWISH AVE.		2.3 STREET	ADDRESS	; ·
CITY-ST-ZIP	CEDAR KEY FL 32625		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	,
CITY-ST-ZIP			3.4. CITY-1		<u> </u>
TOTLE		☐ DELETE	4.1 TITLE	21.211.	Change Addition
NAME			4. 2 NAME	4888FA-	
STREET ADDRESS			4.3 STREET		
City-St-ZIP		T or eve	4.4 CITY - S	1-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	5
CITY-ST-ZIP			5.4 CITY-S	T - ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	;
CITY-ST-ZIP			6.4 CITY-S		
			v		. [

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 a reddress.