

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90127 012 ***150.00

DOCUMENT # P97000100955

1. Corporation Name
EBB TIDE CLAM COMPANY, INC.

Principal Place of Business
HWY 24 & SWISH AVE.
CEDAR KEY FL 32625

Mailing Address
HWY 24 & SWISH AVE.
CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1997

4. FEI Number
59-3489724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 HWY 24 & Wooden Bridge Rd.

2a. Mailing Address
26 P.O. Box 205

22 City & State
23 Cedar Key FL
24 Zip 32625

27 City & State
28 Cedar Key FL
29 Zip 32625

9. Name and Address of Current Registered Agent

PARKER, ALISON L
315 S. CALHOUN ST., STE. 350
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name NANCY J. S. BECKHAM
82 Street Address (P.O. Box Number is Not Acceptable)
HWY 24 & WOODEN BRIDGE RD.
83 11751 SR 24
84 City CEDAR KEY FL 85 Zip Code 32625

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

Nancy J. S. Beckham

2-1-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BECKHAM, WALTER M
STREET ADDRESS HWY 24 & SWISH AVE.
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ST
NAME BECKHAM, NANCY J. S.
STREET ADDRESS HWY 24 & SWISH AVE.
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS HWY 24 & WOODEN BRIDGE RD.
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS HWY 24 & WOODEN BRIDGE RD.
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Nancy J. S. Beckham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

Date

352-543-5399

Daytime Phone #

CR2E034 (11/98)

0567927