

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90050 042 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** *997000107752 Ver*

1. Corporation Name

HPSB CLAMS, INC.

Principal Place of Business	Mailing Address
	P O BOX 46 CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12830 JERNIGAN AV		26 P O BOX 46		01-01-98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3491579	
City & State		City & State		5. Certificate of Status Desired	
23 CEDAR KEY, FL		28 CEDAR KEY, FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 32625		29 32625		Trust Fund Contribution	
Country		Country		\$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax.	
				X Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	KATHRYN F CAUSEY
82 Street Address (P.O. Box Number is Not Acceptable)	6052 D ST.
83	
84 City	CEDAR KEY
85 Zip Code	FL 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 *Kathryn F Causey* KATHRYN F CAUSEY 04/29/99  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, S, D	1.1 TITLE	Change Addition
NAME	HOWARD POWELL	1.2 NAME	
STREET ADDRESS	12830 JERNIGAN AV	1.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY, FL 32625	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	Change Addition
NAME	KATHRYN F CAUSEY	2.2 NAME	
STREET ADDRESS	6052 D ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY, FL 32625	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 *Kathryn F Causey* KATHRYN F CAUSEY 04/29/99 352-543-6271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #