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FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90007 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000004266 1. Corporation Name STEINHATCHEE CLAMS, INC.			
Principal Place of Business 3911 N.W. 7TH PLACE GAINESVILLE FL 32607 8811 SW 45TH BLVD Gainesville FL 32608		Mailing Address 3911 N.W. 7TH PLACE GAINESVILLE FL 32607 Same	
2. Principal Place of Business 21 Gainesville FL Suite, Apt. #, etc. 22 8811 SW 45TH BLVD City & State 23 Gainesville FL Zip Country 24 32608 25 Florida		2a. Mailing Address 26 8811 SW 45TH BLVD Suite, Apt. #, etc. 27 City & State 28 Gainesville FL Zip Country 29 32608 30 Florida	
9. Name and Address of Current Registered Agent SIEGEL, BRENT G 4046 NEWBERRY ROAD GAINESVILLE FL 32607		3. Date Incorporated or Qualified 01/14/1998 4. FEI Number 59-3491861 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name Larry N. Smite 82 Street Address (P.O. Box Number is Not Acceptable) 8811 SW 45TH BLVD 83 84 City Gainesville FL 85 Zip Code 32608		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 [Signature] DATE 1/7/99	
12. OFFICERS AND DIRECTORS TITLE Secretary NAME Sandra D. Davis STREET ADDRESS 3911 N.W. 7TH PL CITY-ST-ZIP Gainesville, FL 32607 <input checked="" type="checkbox"/> DELETE TITLE Larry N. Smite Pres. NAME 8811 SW 45TH BLVD STREET ADDRESS Gainesville, FL 32608 CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Vice President / Secretary 1.2 NAME Danny G. Gowan 1.3 STREET ADDRESS 720 SW 86 Terr 1.4 CITY-ST-ZIP Gainesville, FL 32607 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (352) 332 0736
 Date Daytime Phone #

CR2E034 (11/98)