

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90087 039 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>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 # P98000046195

1. Corporation Name

THE MARCH NEST CLAM SEEDS, INC.

Principal Place of Business

1291 HAWTHORNE AVENUE  
CEDAR KEY FL 32625

Mailing Address

POST OFFICE BOX 48  
CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3518333		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAUSEY, KATHRYN F JACKSON'S ISLAND 12232 FRANKO CIRCLE CEDAR KEY FL 32625				81 Name Causey, Kathryn F. 82 Street Address (P.O. Box Number is Not Acceptable) 12604 S.R. 94 6052 D St 83 84 City Cedar Key, Fl 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 <i>Kathryn F. Causey</i> <i>Kathryn F. Causey</i> 5/15/99 4/8/99 DATE					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. (Stephen)	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen W. Sanderlin	1.2 NAME	
STREET ADDRESS	1291 Hawthorne Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key Fl 32625	1.4 CITY-ST-ZIP	
TITLE	VP, S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leana Lee Sanderlin	2.2 NAME	
STREET ADDRESS	1291 Hawthorne Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, Fl 32625	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn F. Causey	3.2 NAME	
STREET ADDRESS	6052 D St	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, Fl 32625	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Sanderlin 4/8/99

Date

352-

543-6271

Daytime Phone #

-CR2E034 (1/198)