

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850511

**Entity Name:** CLAY COUNTY PORT, INC.

**Current Principal Place of Business:**

1065 BULKHEAD RD  
GREEN COVE SPRINGS , FL 32043

**Current Mailing Address:**

P O BOX 477  
GREEN COVE SPRINGS , FL 32043 US

**FEI Number:** 62-1126614

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCGOWAN, P. TED  
1065 BULKHEAD ROAD HWY 16 EAST  
GREEN COVE SPRINGS, FL 32043 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name MARTIN, GLENN R  
Address 2700 TUFTON AVENUE  
City-State-Zip: REISTERSTOWN MD 21136

Title VPD  
Name MARTIN JR., J.W.Y.  
Address 2700 TUFTON AVE  
City-State-Zip: REISTERSTOWN MD 21136

Title VPD  
Name ROBERTS, NANCY M  
Address 1808 BELFAST ROAD  
City-State-Zip: SPARKS MD 21152

Title VPSD  
Name MARTIN III, J.W.Y.  
Address P. O. BOX 652 1 SPRING ROAD  
City-State-Zip: ROSS CA 94957

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY M. ROBERTS

VPD

01/26/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date