

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 26 PM 1:33



1. Name of Limited Partnership HILLSIDE, LTD.	1a. DOCUMENT # A16258
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Mailing Address P. O. BOX 3256 PENSACOLA FL 32516	Principal Office Address 8900 U.S. 98 WEST PENSACOLA FL 32506	3. Date Formed or Registered 01/23/1984	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 10/04/1996	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 59-2560290	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BLANTON, JOLYNE R 8900 U.S. HWY. 98, WEST PENSACOLA FL 32506	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) ESCAMBIA CONSTRUCTION CO., I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8900 U.S. 98 WEST	11b. City, State & Zip Code PENSACOLA FL	11c. Registration/Document Number 237213
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-09/30/97--01021--001
***165.00 ***165.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jolyne R. Blanton DATE 9/24/97
Escambia Construction Co., Inc., By 850 456-6631
Typed or Printed Name of General Partner Signing Form Jolyne R. Blanton, Vice President Daytime Telephone Number

CR2E003 (6/97)