## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

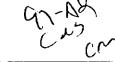
## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A19788

FARM HILL, LTD.



FILED

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SECRETARY OF STATE TALLAHASSLE, FLORIDA



		cm	
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
P.O. BOX 3256 PENSACOLA FL 32516	P.O. BOX 3256	04/26/1985	
	PENSACOLA FL 32516	3a. Date of Last Report 11/09/1995	<b>5b.</b> Amount of Capital
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2652614	Applied For  Not Applicable
City & State  Zip Country	City & State  Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
		8. Make check payable to Dept of	of State (See reverse side for fee information
9. Name and Address of Current	Registered Agent	10. If changed, new Registers	ed Agent/Office
BLANTON, JOLYNE R.	Name	Name	
8900 U.S. 98 WEST	Street Ac	Street Address (P.O. Box Number Is Not Acceptable)	
PENSACOLA FL 32506	Suite, Ap	Suite, Apt. #, etc	
	City		
A GENERAL PARTNER THAT MUS	T BE REGISTERED AND ACT	IVE WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City State & Zip Code	Registration/ Document Number
ESCAMBIA CONSTRUCTION CO., I	8900 U.S. 98, WEST	PENSACOLA FL	237213
•			
•			
Note: General partners MAY NO	The above of an this form, on an	mandment must be filed to ob	ango e goneral partner
12. I do hereby certify that the information supplied with	this filling is voluntarily furnished and does not qualify for	the exemption stated in Section 119 07(3)(k). Florid	a Statutes. Trelease the Division of
SIGNATURE	ignature shall have the same legal effects as if made und	ler oath. I further certify that I am a General Parther DATE	ther certify that the information indicated or