

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 14 AM 11:18



1. Name of Limited Partnership

1a. DOCUMENT #
A94000001113

JOHN H. HIXON LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

ROUTE 1, BOX 305
FT. WHITE FL 32038

ROUTE 1, BOX 305
FT. WHITE FL 32038

3. Date Formed or Registered

08/16/1994

5a. Capital Contributions as
Shown on record.

\$3,000,000.00

3a. Date of Last Report

12/11/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

2,500,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

3818 Bettes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32210

Zip

Country

6. FEI Number

59-3263845

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$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

10. If changed, new Registered Agent/Office

HIXON, JOHN H
ROUTE 1, BOX 305
FORT WHITE FL 32038

Name

Street Address (P.O. Box Number) 3818 Bettes Circle

Suite, Apt. #, etc.

***\$550.00 ***\$550.00

City

FL

Zip Code

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

HIXON, JOHN H

ROUTE 1, BOX 305

FT. WHITE FL 32038

HIXON, J. ELAINE

ROUTE 1, BOX 305

FT. WHITE FL 32038

Qr 3-14

Tax due - \$541.25
+ 8.75
Total \$550.00

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

X

John H. Hixon

DATE

3-18-97

Typed or Printed Name of General Partner Signing Form

John H. Hixon

Daytime Telephone Number

904-389-4144