

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

|                                                                           |  |                                                                                                                                                                                                |  |                                                                                                                           |  |
|---------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>LIMITED PARTNERSHIP<br/>ANNUAL REPORT<br/>1998</b>                     |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  | <b>FILED<br/>SECRETARY OF STATE<br/>DIVISION OF CORPORATIONS</b><br><br>97 DEC 22 PM 12:50<br><i>mtu</i><br>12/30         |  |
| <b>1. Name of Limited Partnership</b>                                     |  | <b>1a. DOCUMENT #</b><br><b>A94000001113</b>                                                                                                                                                   |  |                                                                                                                           |  |
| <b>JOHN H. HIXON LIMITED PARTNERSHIP</b>                                  |  |                                                                                                                                                                                                |  |                                                                                                                           |  |
| <b>Mailing Address</b><br><br>3818 BETTES CIRCLE<br>JACKSONVILLE FL 32210 |  | <b>Principal Office Address</b><br><br>ROUTE 1, BOX 305<br>FT. WHITE FL 32038                                                                                                                  |  | <b>3. Date Formed or Registered</b><br><br>08/16/1994                                                                     |  |
| <b>2. Mailing Address</b>                                                 |  | <b>2a. Principal Office Address</b>                                                                                                                                                            |  | <b>3a. Date of Last Report</b><br><br>03/14/1997                                                                          |  |
| Suite, Apt. #, etc.                                                       |  | Suite, Apt. #, etc.                                                                                                                                                                            |  | <b>4. State or Country of Formation</b><br><br>FL                                                                         |  |
| City & State                                                              |  | City & State                                                                                                                                                                                   |  | <b>6. FFI Number</b><br><br>59-3263845<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Zip                                                                       |  | Zip                                                                                                                                                                                            |  | <b>7. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required                        |  |
| Country                                                                   |  | Country                                                                                                                                                                                        |  | <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>                                    |  |
|                                                                           |  |                                                                                                                                                                                                |  | <b>5a. Capital Contributions as Shown on record.</b><br><br>\$3,000,000.00                                                |  |
|                                                                           |  |                                                                                                                                                                                                |  | <b>5b. Amount of Capital Contributions in FL OFFIDA to date:</b>                                                          |  |

|                                                                   |  |                                                    |    |
|-------------------------------------------------------------------|--|----------------------------------------------------|----|
| <b>9. Name and Address of Current Registered Agent</b>            |  | <b>10. If changed, new Registered Agent/Office</b> |    |
| <b>HIXON, JOHN H<br/>ROUTE 1, BOX 305<br/>FORT WHITE FL 32038</b> |  | Name                                               |    |
|                                                                   |  | Street Address (P.O. Box Number Is Not Acceptable) |    |
|                                                                   |  | Suite, Apt. #, etc.                                |    |
|                                                                   |  | City                                               | FL |

**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.**

|                                          |                                                                                      |                                              |                                               |
|------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <b>11. Name(s) of General Partner(s)</b> | <b>11a. Address of Each General Partner<br/>(Do NOT Use Post Office Box Numbers)</b> | <b>11b. City, State &amp; Zip Code</b>       | <b>11c. Registration/<br/>Document Number</b> |
| HIXON, JOHN H<br><br>HIXON, J. ELAINE    | ROUTE 1, BOX 305<br><br>ROUTE 1, BOX 305                                             | FT. WHITE FL 32038<br><br>FT. WHITE FL 32038 |                                               |

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**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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*J. Elaine Hixon*  
J. ELAINE HIXON

12-09-97  
904-389-4144

CR2003 (5/97)