

A95000000835

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600

(Address)
Tallahassee, Florida 32302

(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 2:14

500001500055
-06/08/95--010/95--006
***1837.50 ***1837.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Coggin Family Investment Company, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2:00
6-1-95

Mail out Will wait Photocopy Certified Copy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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95 JUN -1 AM 11:30
DIVISION OF CORPORATIONS

c. TAX _____
FILING 17.50.00
d. AGENT FEE 35.00
e. COPY 52.50
TOTAL 105.00
n. BANK _____
BALANCE DUE _____
OFFUND _____

6/1/95
Examiner's Initials BJA

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partners represent that they are forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (the "Act"), and that they have executed this Certificate of Limited Partnership pursuant to the foregoing Act and state herein as follows:

I. Name

The name of the limited partnership is COGGIN FAMILY INVESTMENT COMPANY, LTD.

II. Records of the Partnership

The address of the office in Florida at which place the records of the partnership shall be maintained is as follows:

7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

III. Registered Agent

The address of the registered office of the partnership and the name of the registered agent for service of process located at that office are as follows:

Coggin Family Investment Corp.
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

IV. General Partners

The names and business addresses of the general partners of the partnership are as follows:

Coggin Family Investment Corp.
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

Luther W. Coggin
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

Blanche B. Coggin
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

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V. Mailing Address

The mailing address of the partnership is as follows:

7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

VI. Dissolution

The latest date on which the partnership is to dissolve is December 31, 2039.

WHEREFORE, the undersigned, being all of the General Partners of the partnership, have executed this Certificate of Limited Partnership on May 31, 1995.

COGGIN FAMILY INVESTMENT CORP.,
General Partner

By: [Signature]
Name: LUTHER W. COGGIN
Title: President

[Signature]
Luther W. Coggin, General Partner

[Signature]
Blanche B. Coggin, General Partner

LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT Coggin Family Investment Company, Ltd.
(Name of Limited Partnership)

WITH ITS PLACE OF BUSINESS AT: 7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

HAS NAMED Coggin Family Investment Corp., a Florida corporation
(Name of Registered Agent)

LOCATED AT: 7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

(Street Address and Number of Building, Post Office Box Addresses ARE NOT Acceptable)

CITY OF JACKSONVILLE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

COGGIN FAMILY INVESTMENT CORP.,
General Partner

By: *Luther W. Coggin*
Name: Luther W. Coggin
Title: President
Date: May 31, 1995

Luther W. Coggin
Luther W. Coggin, General Partner
Date: May 31, 1995

Blanche B. Coggin
Blanche B. Coggin, General Partner
Date: May 31, 1995

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DIVISION OF CORPORATIONS
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Having been named to accept Service of Process for the above-stated Limited Partnership at the place designated in this certificate, Coggin Family Investment Corp. heroby agrees to act in this capacity. Coggin Family Investment Corp. further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and Coggin Family Investment Corp. accepts the duties and obligations of Section 620.192, Florida Statutes.

COGGIN FAMILY INVESTMENT CORP.

(Registered Agent)
By: *Luther W. Coggin*
Name: Luther W. Coggin
Title: President
Date: May 31, 1995

LAK-02312

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Luther W. Coggin, who is an authorized officer of Coggin Family Investment Corp., and Luther W. Coggin and Blanche B. Coggin, who are all of the general partners of Coggin Family Investment Company, Ltd., a Florida limited partnership (the "Partnership"), who, upon being sworn, certify as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is \$-0- as of this date.
2. The total amount of capital anticipated to be contributed by the limited partners of the Partnership is \$1,000,000.

This 31st day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

COGGIN FAMILY INVESTMENT CORP.
General Partner

By: *Luther W. Coggin*
Name: Luther W. Coggin
Title: President

Luther W. Coggin
Luther W. Coggin, General Partner

Blanche B. Coggin
Blanche B. Coggin, General Partner

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DIVISION OF CORPORATIONS
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STATE OF FLORIDA

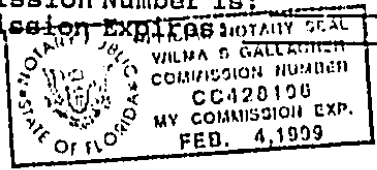
COUNTY OF DUVAL

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the state and county set forth above, personally appeared Luther W. Coggin, who is an authorized officer of Coggin Family Investment Corp., and Luther W. Coggin and Blanche B. Coggin, each of whom executed the foregoing Affidavit of Capital Contributions, and each of whom acknowledged to me and before me that he or she executed this affidavit as or on behalf of a general partner of said Coggin Family Investment Company, Ltd.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid this 31st day of May, 1995.

Personally Known
Produced Identification _____
Type of Identification _____

Wilma D. Gallagher
Notary Public - State of Florida
Print Notary Name: _____
My Commission Number is: _____
My Commission Expires _____



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LAK-82316

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

1995 NOV 21 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership:

1a. DOCUMENT #
A95000000835

COGGIN FAMILY INVESTMENT COMPANY, LTD.

2. New Mailing Address, if Applicable

State, Apt. #, etc. **FLORIDA**
-11/27/95--01026--005
City, State & Zip *****576.25 ***576.25**

Mailing Address

7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32258

Principal Office Address

7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32258

2a. New Principal Office Address, if Applicable

State, Apt. #, etc.

City, State & Zip

If above addresses are incorrect in any way, use through the correct information and enter correct addresses in Block 2 and/or 2a.

3. Date Formed or Registered in this state as
FLORIDA
06/01/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Stated on Record
\$1,000,000.00

5b. Amount of Capital Contributions as
FLORIDA to date

6. FID Number

59-3337934

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$5.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5a if 5a blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.101, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT OF STATE

9. Name and Address of Current Registered Agent

COGGIN FAMILY INVESTMENT CORP.
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32258

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepts Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

COGGIN FAMILY INVESTMENT CORP
COGGIN, LUTHER W
COGGIN, BLANCHE B

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

7400 BAYMEADOWS WAY,
7400 BAYMEADOWS WAY,
7400 BAYMEADOWS WAY,

11b. City, State & Zip Code

JACKSONVILLE FL 32258
JACKSONVILLE FL 32258
JACKSONVILLE FL 32258

11c. Registration/Document Number

P95000030570

AR - \$437.50
SF - \$138.75

11-22-95

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 607, Florida Statutes.

SIGNATURE

Luther W. Coggin

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (5/95)