

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 13 AM 11:49

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000835

COGGIN FAMILY INVESTMENT COMPANY, LTD.

*an-AR
CM*



Mailing Address
**7400 BAYMEADOWS WAY, SUITE 200 -
JACKSONVILLE FL 32256**

Principal Office Address
**7400 BAYMEADOWS WAY, SUITE 200 -
JACKSONVILLE FL 32256**

3. Date Formed or Registered
06/01/1995

5a. Capital Contributions as
Shown on record.
\$1,000,000.00

3a. Date of Last Report
11/21/1995

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

2. Mailing Address
P.O. Box 16469
Suite, Apt. #, etc.

2a. Principal Office Address
4306 Pablo Oaks Court
Suite, Apt. #, etc.

4. State or Country of Formation
FL

City & State
Jacksonville FL
Zip Country
32245 Duval

City & State
Jacksonville FL
Zip Country
32224 Duval

6. FEI Number
59-3337934 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

COGGIN FAMILY INVESTMENT CORP.
**7400 BAYMEADOWS WAY, SUITE 200 -
JACKSONVILLE FL 32256**

Name
Street Address (P.O. Box Number Is Not Acceptable)
4306 Pablo Oaks Court
Suite, Apt. #, etc.
City
Jacksonville **FL** Zip Code
32224

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

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

4306 Pablo Oaks Court
7400 BAYMEADOWS WAY,
4306 Pablo Oaks Court
7400 BAYMEADOWS WAY,
4306 Pablo Oaks Court
7400 BAYMEADOWS WAY,

JACKSONVILLE FL 32256
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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 *Wilma S. Gallagher, Secretary of* DATE *9-18-96*
COGGIN Family INVESTMENT Corp
Typed or Printed Name of General Partner Signing Form *Wilma S Gallagher* Daytime Telephone Number *904-730-2664*

CR2E003 (6/96)