

1201 HAYS STREET
TALLAHASSEE, FL 32304

800-342-8086

A95000001970



FILED
SECRETARY OF CORPORATIONS
DEC 19 PM 1:23

ACCOUNT NO. : 072100000032

REFERENCE : 712346 1299A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : October 19, 1995

ORDER TIME : 10:12 AM

ORDER NO. : 712346

CUSTOMER NO: 1299A

000001668170
-12/21/95--01087--001
***1837.50 ***1837.50

CUSTOMER: Robert D. Hart, Jr., Esq
CLARK PARTINGTON HART LARRY
BOND STACKHOUSE & STONE
P.o. Box 13010
Pensacola, FL 32591

C. TAX _____
FILING _____ 17.50
R. AGENT FEE _____ 32.00
C. COPY _____ 52.50
TOTAL _____ 1,837.50
N. BANK _____
BALANCE DUE _____
REFUND _____

RECEIVED
95 DEC 19 PM 12:02
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: BOUCHELLE-TRICE FAMILY
PARTNERSHIP, LTD.

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: BR

12/19/95

**CERTIFICATE OF LIMITED PARTNERSHIP OF
BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 19 PM 4:23

The undersigned, pursuant to the provisions of Chapter 68, Florida Statutes, files the following Certificate of Limited Partnership evidencing the formation of that limited partnership known as BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD. under that partnership agreement executed on August 10, 1995.

I. NAME AND PRINCIPAL OFFICE

The partnership shall be conducted under the name of BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD. The principal office and mailing address of the limited partnership shall be 4141 Piedmont Road, Pensacola, Florida 32503.

II. REGISTERED OFFICE, REGISTERED AGENT

The address of the initial registered office of this partnership in the State of Florida shall be 4141 Piedmont Road, Pensacola, Florida 32503, and the name of the registered agent of this partnership at that address is TROUPE L. TRICE.

III. NAME AND ADDRESS OF GENERAL PARTNERS

(1) General Partners. The names and principal place of business of the general partners of this partnership are:

Troupe L. Trice
4141 Piedmont Road
Pensacola, FL 32503

Patricia B. Trice
4141 Piedmont Road
Pensacola, FL 32503

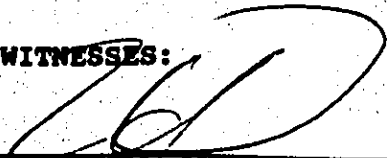
V. TERM OF LIMITED PARTNERSHIP

The term for which the partnership is to exist begins upon the date this Certificate of Limited Partnership is filed with the Secretary of State of the State of Florida, and shall continue until December 31, 2015, unless sooner terminated by law, the

filing of a Certificate of Cancellation or under the provisions of the Agreement of Limited Partnership.

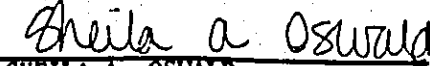
IN WITNESS WHEREOF, the General Partners hereto have executed this Certificate of Limited Partnership on the dates hereinafter set forth.

WITNESSES:

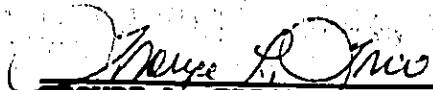

LAWRENCE C. SCHILL

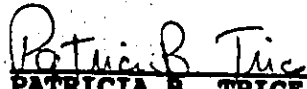

SHEILA A. OSWALD


LAWRENCE C. SCHILL


SHEILA A. OSWALD

GENERAL PARTNERS:


TROUPE L. TRICE
DATE: Oct. 11, 95, 1995


PATRICIA B. TRICE
DATE: October 11, 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 19 PM 1:23

STATE OF Florida)
COUNTY OF Escambia)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
9 50 PM
95

BEFORE ME, the undersigned, personally appeared the undersigned, as General Partners of BOUCHELLE-TRICE FAMILY PARTNERSHIP LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is \$980,000.00.
2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:
NO ADDITIONAL CAPITAL CONTRIBUTIONS ANTICIPATED AT THIS TIME.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true to the best of our knowledge and belief.

GENERAL PARTNERS:

Troupe L. Trice
TROUPE L. TRICE

Patricia B. Trice
PATRICIA B. TRICE

SWORN TO AND SUBSCRIBED BEFORE ME this 17th day of October, 1995, by TROUPE L. TRICE, who () is personally known to me, or () has produced a Florida drivers license as identification, bearing identification number _____

SHEILA A. OSWALD
"Notary Public-State of FL"
Comm Exp. Sept. 6, 1997
Comm. No. CC 454455

Sheila A. Oswald
[Signature of Notary Public]

SHEILA A. OSWALD
(Print, Type, or Stamp Name of Notary Public)

[NOTARIAL SEAL]

Commission Number: CC454455
My Commission Expires: 9-6-97

SWORN TO AND SUBSCRIBED BEFORE ME, this 17th day of October, 1995, by PATRICIA B. TRICE, who () is personally known to me, or (x) has produced a Florida Drivers License as identification, bearing identification number _____

SHEILA A. OSWALD
Notary Public, State of FL
Comm. Exp. Sept. 6, 1997
Comm. No. CE 454455

[NOTARIAL SEAL]

Sheila A. Oswald
[Signature of Notary Public]

SHEILA A. OSWALD
[Print, Type, or Stamp Name of Notary Public]

Commission Number: CC454455
My Commission Expires: 9-6-97

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 19 PM 1:23

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

Troupe L. Trice

TROUPE L. TRICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 19 PM 1:23

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND 5000 PENALTY FEE

FILED

95 DEC 28 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP

A95000001979

FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD.

1a. DOCUMENT #
A95000001979

DO NOT WRITE IN THIS SPACE

Mailing Address
**4141 Piedmont Road
Pensacola, FL 32503**

Principal Office Address

2. New Mailing Address If Applicable
State, Apt # etc
City, State & Zip

2a. New Principal Office Address If Applicable
State, Apt # etc
300001674878
-01/02/96--01033--005

3. Date Formed or Registered to Do Business in
FLORIDA 12/19/95

3a. Date of Last Report
n/a

4. State or County of Formation
FL

City, State & Zip
******576.25 ****576.25**

5a. Capital Contributions as Shown on Rec. 25
980,000.00

5b. Amount of Capital Contributions in FLORIDA to date
980,000.00

6. F.I. Number
Applied For

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee. \$138.75 pursuant to section 607.193, 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
**Troupe L. Trice
4141 Piedmont Road
Pensacola, FL 32503**

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 620.192 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)
**Troupe L. Trice
Patricia B. Trice**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
**4141 Piedmont Road
4141 Piedmont Road**

11b. City, State & Zip Code
**Pensacola, FL 32503
Pensacola, FL 32503**

11c. Registration/Document Number
**n/a
n/a**

AR - \$437.50
SF - \$138.75
12/29/95

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 effect 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 *Troupe L. Trice*
Troupe L. Trice

DATE **Dec. 26, 95**
904/438-8821

CR2E003 (6/95)

1201 Main Street
Tallahassee, FL 32304
4-222-9999 FAX
A9500001979



ACCOUNT NO. : 072100000032
REFERENCE : 785732 1299A
AUTHORIZATION :
COST LIMIT : * PREPAID

ORDER DATE : December 28, 1995

ORDER TIME : 11:04 AM

ORDER NO. : 785732

CUSTOMER NO: 1299A

CUSTOMER: Robert D. Hart, Jr., Esq
Clark Partington Hart Larry
P.o. Box 13010

Pensacola, FL 32591

FILED
95 DEC 28 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: BOUCHELLE-TRICE FAMILY
PARTNERSHIP, LTD.

RECEIVED
95 DEC 28 PM 4: 12
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

EXAMINER'S INITIALS: _____

12/29/95 a