AGNOCO COLON O CONTROL O C

3/10 Capital Circle, Mil Address Tallahassel, Fl. 3)308 City/State/Zip Phone #

500002324535--5 -10/20/97--01130--003 ***1750.00 ***1750.00 Office Use Only

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

☐ Walk in ☐ Mail out	☐ Pick up time☐ Will wait	Photocopy	Certified Copy		12.11.23	[F]
	(Corporation Name)	(Doc	cument #)	*:-!	<u>ر.</u> د.	
4.	(Corporation Name)	(Doc	cument #)		ت ا ا ا	_
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2	(Corporation Name)	(Doc	cument #)			_
1	(Corporation Name)	(Dox	cument #)		_	

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Метдет

7-	OTHER FILINGS	
	Annual Report	
	Fictitious Name	
	Name Reservation	

題。	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Name
Availability

Document
Examiner

Updater

Updater

Verityer

Acknowledgement

W. P. Verifyer

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of SGI Limited Partnership	
	, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section	on 620.112,
Florida Statutes.	
The total amount of the capital contributions of the limited partners is: \$ _1,430,000.	00 .
This <u>16</u> day of <u>October</u> , 19 <u>97</u>	- ·
FURTHER AFFIANT SAYETH NOT.	
Under penalties of perjury I declare that I have read the foregoing and that the facts of the best of my knowledge and belief.	re true, to
General Partner(s)	
John H. Phipps Ventures. Inc.	. a
By: ~ (f)	
Dennos O. Boyle, President	
	. ,

FEES: \$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)