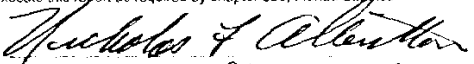


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 20 JAN 15 AM 9:10	
1. Name of Limited Partnership ALBRITTON & SONS, LTD.		1a. DOCUMENT # A97000001599 99-AR/cas CM			
Mailing Address P.O. BOX 256 ALTURAS FL 33820		Principal Office Address NO. 3 ALBRITTON ROAD ALTURAS FL 33820		3. Date Formed or Registered 07/22/1997 3a. Date of Last Report 12/31/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$252,510.00 5b. Amount of Capital Contributions in FL ORIDA to date \$8.75 Additional Fee Required ☐ Applied For ☐ Not Applicable 6. FEI Number 59-0963348 7. Certificate of Status Desired ☒ 8. Make check payable to: Dept. of State (See reverse side for information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Name and Address of Current Registered Agent ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS FL 33820		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) ALBRITTON, ISAAC F ALBRITTON, NICHOLAS F ALBRITTON, DALE E		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) NO. 3 ALBRITTON ROAD NO. 3 ALBRITTON ROAD NO. 3 ALBRITTON ROAD		11b. City, State & Zip Code ALTURAS FL 33820 ALTURAS FL 33820 ALTURAS FL 33820	
				11c. Registration/ Document Number 00000027020651-0 -02/02/99-01069-015 ***535.00 ***535.00	
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  Typed or Printed Name of General Partner Signing Form: Nicholas F. Albritton		DATE: 1-15-99 Daytime Telephone Number: 904-271-1912			

CR2ED03 (8/99)