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

99 JAN 13 AM 7:48

1. Name of Limited Partnership

H & J Lee Family Partnership, Ltd.

1a. DOCUMENT # *A98000002898*

GA-AR
CM

Mailing Address
Post Office Box 506
Monticello, FL 32345-0506

Principal Office Address
301 Morris Road
Monticello, FL 32344

3. Date Formed or Registered
12/30/98

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions Shares Authorized
$1,638,450.00

5b. Amount of Capital Contributions in FLORIDA, U.S.D.
$1,638,450.00

6. FEIN Number
☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make Check Payable To: Dept. of State (See instructions sheet for more information)

2. Mailing Address

Suite, Apt. # etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. # etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

W. Frederick Thomson
3375-G Capital Circle, NE
Tallahassee, FL 32308

10. If Changed, New Registered Agent's Name

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

Suite, Apt. # etc.

City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1041 and 620.1921, 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 a general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, section 620.1921, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *W. Frederick Thomson* DATE *1/6/99*

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
Thurmon T. Lee	*301 Morris Road*	*Monticello, FL 32344*	
Louis G. Lee	*119 West Hill Street*	*Thomasville, GA 31792*	

-01/23/99 01034 010
****525.25 ****525.25

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 exemptions stated in Section 119.07(3)(i), Florida Statutes. I know the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is disclosed to the public. 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, trustee or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thurmon T. Lee* DATE *1/6/99*

Typed or Printed Name of General Partner Signing Form *Thurmon T. Lee, Managing Partner* Daytime Telephone Number

CR2E003 (9/98)