

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

98 OCT 27 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001895

MEDLOCK INVESTMENTS LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

4200 NORTH OCEAN DRIVE, #1801-2
RIVIERA BEACH FL 33404

4200 NORTH OCEAN DRIVE, #1801-2
RIVIERA BEACH FL 33404

3. Date Formed or Registered

09/02/1997

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

12/10/1997

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

\$ 99.00

4. State or Country of Formation

FL

6. FEI Number See attached
AP-PLIED FOR form

☐ 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

MEDLOCK, JAMES W
4200 NORTH OCEAN DRIVE, #1801-2
RIVIERA BEACH FL 33404

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

3000002675863-- 3
-10/29/98--01074--005
****141.25 ****141.25
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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

THE JWM TRUST

4200 NORTH OCEAN DRIV

RIVIERA BEACH FL 3340

G97245900065

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

James W. Medlock, Trustee

DATE

10/3/98

Typed or Printed Name of General Partner Signing Form

James W. Medlock, Trustee

Daytime Telephone Number

(561) 439-4620

CR2E003 (8/98)