# Entity Name: WILLIAM R. AND THELMA L. CLONTS FAMILY LIMITED PARTNERSHIP

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

**Current Principal Place of Business:** 

1001 GENEVA DRIVE OVIEDO, FL 32765

## **Current Mailing Address:**

DOCUMENT# A9400001880

PO BOX 622916 OVIEDO, FL 32762-2916

# FEI Number: 59-3291461

#### Name and Address of Current Registered Agent:

SPEER, THOMAS A 113 MAGNOLIA AVENUE SANFORD, FL 32771 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

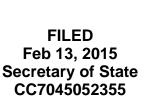
#### **General Partner Detail :**

Document #		Document #	
Name	CLONTS, W. REX JR.	Name	CLONTS, CHARLES L
Address	6265 LAKE CHARM CIRCLE	Address	1249 APACHE DRIVE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	GENEVA FL 32732
Document #		Document #	
Name	NEEL, JANET C	Name	WEST, SUSAN C
Address	61 AUBREY ROAD NE	Address	4049 HEIRIOOM ROAD PLACE
City-State-Zip:	WHITE GA 30184	City-State-Zip:	OVIEDO FL 32766
Document #			
Name	CLONTS, VIVIAN		
Address	146 HILLCREST DRIVE		
City-State-Zip:	OVIEDO FL 32765		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARL	ES L CLONTS
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GP



Date

Electronic Signature of Signing General Partner Detail