## 2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001880

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

**PARTNERSHIP** 

**Current Principal Place of Business:** 

1001 GENEVA DRIVE OVIEDO, FL 32765

**Current Mailing Address:** 

PO BOX 622916

OVIEDO, FL 32762-2916

FEI Number: 59-3291461 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEER, THOMAS A 113 MAGNOLIA AVENUE SANFORD, FL 32771 US

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

Date

FILED Apr 30, 2017

**Secretary of State** 

CC9786323905

**General Partner Detail:** 

Document # Document #

NameCLONTS, W. REX JR.NameCLONTS, CHARLES LAddress6265 LAKE CHARM CIRCLEAddress1249 APACHE DRIVECity-State-Zip:OVIEDO FL 32765City-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

SIGNATURE: CHARLES L CLONTS

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.

Electronic Signature of Signing General Partner Detail

GΡ

04/30/2017