

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 489248

01-23-1999 90019 033 ****150.00

1. Corporation Name
PARTIN'S, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 313 CENTRE STREET
 PO BOX 525
 FERNANDINA BCH FL 32034

Mailing Address
 313 CENTRE STREET
 PO BOX 525
 FERNANDINA BCH FL 32034

3. Date Incorporated or Qualified
11/10/1975

4. FEI Number
59-1731580 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country 26 Mailing Address
 27 Suite, Apt. #, etc. 28
 29 City & State
 30 Zip 31 Country

9. Name and Address of Current Registered Agent
BLALOCK, ROBERT N
101 N 15TH ST
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE R. N. Blalock, V. Pres. DATE 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PARTIN, JOHN E
STREET ADDRESS	1502 ATLANTIC AVE.
CITY-ST-ZIP	FERNANDINA BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BLALOCK, ROBERT N
STREET ADDRESS	101 NORTH 15TH STREET
CITY-ST-ZIP	FERNANDINA BCH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PARTIN, FLORENCE R
STREET ADDRESS	1502 ATLANTIC AVE.
CITY-ST-ZIP	FERNANDINA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John N. Partin **REQUIRED** DATE 1/7/99 DAYTIME PHONE # (904) 261-4241
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)