FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A06010**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 OCT -4 MI 9: 25

Making Address Principal Office Address PRISACOLA FL 22464- PRISACOLA FL 22566 PRISACOLA FL 22566- PRISACOLA F		A06010				
P. O. BOX 3296 PENSACOLA FL 32908 8800 U.S. HWY. 99 WEST PENSACOLA FL 32908 2. Mailing Address 2. Principal Office Address 2. Mailing Address 2. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State Country 7. Country 8. Maile check payabre to Dept of State (Sec receives of Fordal Fordal Agent) 9. Name and Address of Current Registered Agent PENSACOLA FL 32506 Rate 10. If changed, now Reg stated Agent/Office PENSACOLA FL 32506 10. If changed is registered registered Agent in the State of Fordal State (Sec receives see for conformation of the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see for the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see in the purpose of changing is registered agent or both in the State of Fordal State (Sec receives see in the secret see in the secret seed of the secret	SUGAR HILL, LTD.				18	
PENSACOLA FL 39508 3. Date of Lest Report 11/13/1995 4. State of Country of Formation FL Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State City & State Country 7. Country 8. Make check payabor to Dept of State (See Report Pensacount of State (See Report Pensaco	Mailing Address	8900 U.S. HWY. 98 WEST		J	5a. Capital Contributions as Shown on record	
2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Tip Tip Tip Tip Tip Tip Tip Ti				3a. Date of Last Report	5b. Amount of Capital	
City & State Country Typ Typ Typ Typ Typ Typ Typ T	2. Mailing Address	2a. Principal Office Address			 Contributions in FLORIDA 	
The Country Top Country Top Country Top Country Top Country Top	Suite, Apt. #, etc.				Applied For Not Applicable	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office BLANTON, JOLYNE R. 8900 U.S. 98 WEST PENSACOLA FL 32506 Suite, Apt #, etc. City Tu Codd The State of Florida Statutes the above named limited partnership organized or registered under the laws of the State of Florida, sut-mils this state for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Such change was sutherweld by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMESTERED ALORATIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) PENSACOLA FL 237213	City & State	City & State	City & State		\$8.75 Add tiona'	
BLANTON, JOLYNE R. 8900 U.S. 98 WEST PENSACOLA FL 32506 Street Address (P.O. Box Number is Not Acceptable) FL Typ Code Typ Cod	Zip 32516 Country	Zip C	Zip Country			
BLANTON, JOLYNE R. 8900 U.S. 98 WEST PENSACOLA FL 32506 Suite, Apt. #, etc. City FL Zip Code To the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was a thronzed by its general partner(s). Thereby accept the appointment of registing agent. I am familiar with, and accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMEST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) PENSACOLA FL 237213				10. If changed, new Registers	ed Agen/Office	
Total 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 state for the purpose of changing its registered agent, or both, in the State of Florida Such change was submitted by its general partner(s). I hereby accept the appointment of registrated 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 ENTI- MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. (Do NOT Use Post Office Box Numbers). 11b. City. State & Zip Code. 11c. Registration/Document Number. PENSACOLA FL. 237213	8900 U.S. 98 WEST		Street Address (P.O. Box Number Is Not Acceptable)			
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 state 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). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes DATE					FI Zip Code	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) ESCAMBIA CONST CO., INC. 8900 U.S. 98 WEST PENSACOLA FL 237213	for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment	se or registered agent, or both, in the State of Flor dations of section 620,192, Florida Statutes	a Such change	was authorized by its general partner(s). The DATE	the State of Florida, submits this statement reby accept the appointment of registered	
ESCAMBIA CONST CO., INC. 8900 U.S. 98 WEST PENSACOLA FL 237213	MI	JST BE REGISTERED AND	ACTIVE	WITH THIS OFFICE.		
	11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Numbers)	11b. Orty, State & Zip Code	11c. Registration/ Document Number	
****58\$.00 ****585.0	ESCAMBIA CONST CO., INC.	8900 U.S. 98 WEST			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner	Note: General partners MAY	NOT be changed on this form;	an amer			

12. If 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-dimpliance with Section 119.07(3)(k) in the event that the information supplied is decribed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall be the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership receiver or trusted empowered to execute this report as required by chapter 620, Floridal statutes.

SIGNATURE -

Typed or Printed Name of General Partner Sign

Escambia Construction Co., Inc.

DATE: 10/1/96

Vice President Telephone Number (904) 456-6631