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 JUN 19 PM 4:30
SECRETARY OF STATE

1. Name of Limited Partnership

1a. DOCUMENT # A12550

PENSACOLA BAY, LTD.

Mailing Address	Principal Office Address
6919 NORTH PENSACOLA BLVD PENSACOLA FL 32516	6919 NORTH PENSACOLA BLVD PENSACOLA FL 32516

3. Date Formed or Registered
05/21/1982

3a. Date of Last Report
10/29/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$594,000.00

5b. Amount of Capital Contributions in FLORIDA to date
594,000 00

6. FEI Number
59-2242293
☐ 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)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

BOCCANFUSO, A R
4504 TWIN OAKS DR.
PENSACOLA FL 32506

10. If changed, new Registered Agent Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City 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) X A R Boccanfuso DATE X 12/18/98

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
BOCCANFUSO, ANTHONY R	7076 LAKE JOANNE DRIV	PENSACOLA FL 32506	

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 X A R Boccanfuso DATE X 12/18/98

Typed or Printed Name of General Partner Signing Form A.R. Boccanfuso Daytime Telephone Number 850-478-4495

CR2E003 (8/98)