

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

368.75

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 28 AM 11:05

1. Name of Limited Partnership 77, LTD.	1a. DOCUMENT # A13162
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Mailing Address POST OFFICE DRAWER 16227 MOBILE AL 36616	Principal Office Address POST OFFICE DRAWER 16227 MOBILE AL 36616	3. Date Formed or Registered 09/17/1982	5a. Capital Contributions as Shown on record. \$40,000.00
		3a. Date of Last Report 01/09/1998	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation AL	5b. Amount of Capital Contributions In FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 63-0829295	
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WEBB, SUE 011-C WEST 23RD. STREET PANAMA CITY FL 32405-4552	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL <i>[Signature]</i>
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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) *[Signature]* DATE **9-21-98**

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
WHITE-SPUNNER, B.	3201 DAUPHIN STREET	MOBILE AL 36606	
AUSTILL, JERE, JR.	3201 DAUPHIN STREET	MOBILE AL 36606	
BATES, RONALD G.	3201 DAUPHIN STREET	MOBILE AL 36606	

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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 *[Signature]* DATE **9/14/98**

CR2E003 (8/98)