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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV 13 AM 11:49

1. Name of Limited Partnership

LANDCOM CO., LTD.

1a. DOCUMENT # A13702

96-AR CM

Mailing Address	Principal Office Address
~~7400 BAYMEADOWS WAY, SUITE 200~~	~~9150 BAYMEADOWS WAY~~
~~JACKSONVILLE FL 32256~~	~~JACKSONVILLE FL 32256~~
US	

3. Date Formed or Registered: 12/29/1982

3a. Date of Last Report: 09/29/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $983,040.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
P O Box 16469	4306 Pablo Oaks Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32245 Country: Duval	Zip: 32224 Country:

6. FEI Number: 75-1857026 ☐ 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)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
~~COGGIN O'STEEN INVESTMENT CORPORATION~~ Name change o/n/4 - see attached	Name: Coggin Automotive Corp
~~7400 BAYMEADOWS WAY, SUITE 200~~	Street Address (P.O. Box Number is Not Acceptable): 4306 Pablo Oaks Court
~~JACKSONVILLE FL 32256~~	Suite, Apt. #, etc.
	City: Jacksonville FL Zip Code: 32224

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) _____ DATE _____

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
HIBCO CORP.	~~7400 BAYMEADOWS WAY~~ 4306 Pablo Oaks Court	JACKSONVILLE FL 32224	P93000040962

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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 Wilma S Gallagher Secretary of HIBCO Corp DATE 9-18-96

Typed or Printed Name of General Partner Signing Form: Wilma S. Gallagher Daytime Telephone Number: 904-731-2466