

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

FILED

96 SEP 25 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1a. DOCUMENT #  
A15518

CITRUS FARM & TIMBER COMPANY, LTD.

97-AR  
CM



Mailing Address  
14459 COUNTY LINE ROAD  
BROOKSVILLE FL 34609

Principal Office Address  
14459 COUNTY LINE ROAD  
BROOKSVILLE FL 34609

3. Date Formed or Registered  
10/18/1983

5a. Capital Contributions as  
Shown on record.  
\$8,000.00

3a. Date of Last Report  
10/10/1995

5b. Amount of Capital  
Contributions in FL ORIPA  
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. F.I. Number  
59-2340158

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MCPHERSON, JACK B.  
6640 CONGRESS STREET  
NEW PORT RICHEY FL 34653

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)

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

ORAVEC, ANDREW JR.

14459 COUNTY LINE ROA

BROOKSVILLE FL

NATARAJAN, GANGAIAH M.D.

811 BRIAR LEAS

PORT RICHEY FL

200001565182  
10/04/96-01053-027  
\*\*\*\*194.75 \*\*\*\*194.75

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

Andrew Oravec Jr.

DATE

9-19-96

Typed or Printed Name of General Partner Signing Form

ANDREW ORAVEC JR.

Residing Telephone Number

796-4342

CR2E003 (6/96)