

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 DEC 20 AM 11:00

#12/27



1. Name of Limited Partnership

1a. DOCUMENT #
A15637

FOWLER STREET PLAZA, LTD.

Mailing Address

~~3341 FOWLER ST.~~
~~FT. MYERS FL 33901~~

Principal Office Address

~~3341 FOWLER ST.~~
~~FT. MYERS FL 33901~~

3. Date Formed or Registered

11/03/1983

5a. Capital Contributions as
Shown on record.

\$70,000.00

3a. Date of Last Report

11/14/1995

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

\$70,000.00

4. State or Country of Formation

FL

6. FEL Number

65-0535663

☐ 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

4164 ERINDALE DR

Suite, Apt. #, etc.

2a. Principal Office Address

4164 ERINDALE DR

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS FL

Zip Country

33903 LEE

City & State

NORTH FORT MYERS FL

Zip Country

33903 LEE

9. Name and Address of Current Registered Agent

JOBES, THOMAS M

~~3341 FOWLER STREET~~

~~FT. MYERS FL 33901~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

4164 ERINDALE DR.

Suite, Apt. #, etc.

City

NORTH FORT MYERS

FL

Zip Code

33903

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)

JOBES, THOMAS M

JOBES, LINDA

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~3341 FOWLER STREET~~
4164 ERINDALE DR.
4164 ERINDALE DRIVE

11b. City, State & Zip Code

~~FT. MYERS FL 33901~~
N. FT. MYERS FL 33903
N. FT. MYERS FL 33903

11c. Registration/
Document Number

100002041921--3
-12/31/96--01044--018
****576.25 ****576.25

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

Thomas M. Jobs

DATE

Sep 10, 1996

Typed or Printed Name of General Partner Signing Form

THOMAS M. JOBES

Daytime Telephone Number

941-936-6264

CR2E003 (6/96)