

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

**FILED**

96 DEC -9 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A17025**

**MEADOWRUN ASSOCIATES, LTD.**



Mailing Address

Principal Office Address

851 BELTLINE HWY SOUTH  
9TH FLOOR  
MOBILE AL 36606

851 BELTLINE HWY SOUTH  
9TH FLOOR  
MOBILE AL 36606

3. Date Formed or Registered

05/14/1984

5a. Capital Contributions as  
Shown on record.

**\$2,393,600.00**

3a. Date of Last Report

10/23/1995

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

**\$2,393,600.00**

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 160306

2a. Principal Office Address

P.O. Box 160306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mobile, AL 36616

City & State

Mobile, AL 36616

Zip

Country

Zip

Country

6. FEI Number

63-0877147

☐ 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

DICKSON, MAX L.  
7200 NORTH 9TH AVENUE  
SUITE 8  
PENSACOLA FL 32504

10. If changed, new Registered Agent/Office

Name

Max L. Dickson

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

3298 Summit Blvd.

Suite, Apt. #, etc.

#18

City

Pensacola

Zip Code

FL 32503-4350

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

11-21-96

**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)

MITCHELL EQUITIES

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

7200 NORTH 9TH AVENUE,  
3298 Summit Blvd.

11b. City, State & Zip Code

PENSACOLA FL 32504  
32503-4350

11c. Registration/  
Document Number

G82234000085

200002026732--2  
-12/12/96-01011-013  
\*\*\*4610.00 \*\*\*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.

Mitchell Equities, By: *Robert W. Williamson III*

SIGNATURE By:

DATE

11/18/96

Typed or Printed Name of General Partner Signing Form

Robert W. Williamson III  
Richard L. Noose, Jr., Sec. Vice President

Daytime Telephone Number (334) 476-1200

CR2E003 (6/96)