

**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  
97 JAN 21 AM 9:12**

1. Name of Limited Partnership

FLASH LTD.

1a. DOCUMENT #

A20793

Mailing Address

PO. Box 14172  
TALLAHASSEE, FL  
32317

Principal Office Address

1803 DOONAR DR  
Tallahassee FL  
32308

3. Date Formed or Registered

9-20-85

5a. Capital Contributions as  
Shown on record.

\$ 150,000

3a. Date of Last Report

1996

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

SAME AS ABOVE

4. State or Country of Formation

FLORIDA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2632117

☐ 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

MARK HANNON  
1803 DOONAR DR.  
Tallahassee, FL 32308

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)

L. GLENN STUBBS JR.

TERRY M. GOLDBERG

MARK HANNON

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

902 Waverly RD  
Tallahassee FL  
11410 S.W. 15th Ave  
1803 Doonar DR.

11b. City, State & Zip Code

Tallahassee FL 32312  
Minn. FL 33176  
Tallahassee FL 32308

11c. Registration/  
Document Number

000002069150--7  
-01/27/97--01024--009  
\*\*\*\*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

Mark Hannon

DATE 1-16-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)