

**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

96 DEC -9 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A20826

WINDSCAPE 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

09/24/1985

5a. Capital Contributions as
Shown on record.

\$947,875.00

3a. Date of Last Report

10/23/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

\$947,875.00

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

63-0908384

☐ 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 6
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

**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 AVE.
3298 Summit Blvd., #18

11b. City, State & Zip Code

PENSACOLA FL 32504
32503-4350

11c. Registration/
Document Number

092234000085

400002026724--7
-12/12/95--01011--012
1728.75 *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: Arroy Equities, Inc.

SIGNATURE

By:

DATE

Typed or Printed Name of General Partner Signing Form

Robert L. Hester, Jr., Vice President

Daytime Telephone Number

(334) 476-1200

CR2E003 (6/96)