

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 30 AM 9:11



1. Name of Limited Partnership

1a. DOCUMENT #
A21944

HIGH POINT BUILDING PARTNERSHIP, LTD.

Mailing Address

130 N. VIRGINIA ST.
P.O. BOX 1739
QUINCY FL 32353

Principal Office Address

130 N. VIRGINIA ST.
P.O. BOX 1739
QUINCY FL 32353

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

01/29/1986

3a. Date of Last Report

12/10/1996

4. State or Country of Formation

FL

6. FEI Number

59-2633779

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on Report

\$180,000.00

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

\$180,000.00

☐ Applied For
☐ Not Applicable

☐ \$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

HIGDON, JOSEPH W.
130 N. VIRGINIA ST.
QUINCY FL 32351

10. If changed, new Registered Agent/Office

Name

300002390839-6

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

01/06/98-01045-003

Suite, Apt. #, etc.

****541.25 ****541.25

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)

HIGDON, JOSEPH W., JR.

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

130 N. VIRGINIA STREE

11b. City, State & Zip Code

QUINCY FL

11c. Registration/
Document Number

OP
12-30

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

Joseph W. Higdon, Jr.

DATE

11-18-97

Typed or Printed Name of General Partner Signing Form

JOSEPH W. HIGDON, JR.

Daytime Telephone Number

850-875-1407

CP2E003 (6/97)