

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

PH 11:16/18

99 JAN 25 PM 12:48

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED



1. Name of Limited Partnership

1a. DOCUMENT #
A22320

W&F AGRIGROWTH - FERNFIELD, LTD.

Mailing Address

106 TAINE MOUNTAIN RD.
BURLINGTON CT 06013

Principal Office Address

2414 SHEFFIELD AVE
ORLANDO FL 32806

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

04/04/1986

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

59-2785416

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$2,190,566.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☐ \$8.75 Annual
Fee Requested

8. Make the fee payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

JENNINGS, DONNA M
2414 SHEFFIELD AVE.
ORLANDO FL 32806

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

300000027683331-9
02/03/98-01043-014
***526.25 FL ***526.25

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). Thereby 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)

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

11b. City, State & Zip Code

11c. Registration
Document Number

WILLINGHAM, JAMES E.

2900 MONACO CT.

ORLANDO FL

FENNER, JAMES H.

106 TAINE MOUNTAIN RD

BURLINGTON CT (06013-1113)

FENNER & ASSOCIATES, INC

106 TAINE MOUNTAIN RD
(RD)

BURLINGTON CT 06013

F42610

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)(j), 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, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

James H. Fenner
J. H. FENNER

DATE

12/1/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

860-673-6430

CR2E002 (9/98)