

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAY 12 PM 12: 04

DOCUMENT # 1. Name of Limited Partnership #22631

The Paul Family Limited Partnership

					DO NOT WRITE IN THIS SPACE.				
2. Mailing Address 2020 Dundee Road 3. Principal Office Address 2020 Dundee Road				4. Date Formed or Registered To Do Business in Florida 05/28/1986					
Suite, Apt. #, etc		Suite, Apt. #, etc.	5.	FEI Number			Applied For		
City & State Winter Haven, Florida		City & State Winter Haven, Flor		da 6	9-2673491		6 1 de	Not Applicable	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIR			RED Ship Additional fee in spirit. to a Continue ship of Material		
33884	Polk	33884	Polk	7.	State or Country of Formatio	r FL			
8a. Capital Contributions as Shown on Record:		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,00			mount entered in 8b, with a m	nimum filing lee (of \$52.50 an	d a maximum of	
1,861,000.00		\$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.76 for each year due this office, beginning with 1992 calendar year.						Ì	
8b. Amount of Capital Contributions in FLORIDA to date:			red in 8b is greater than		report form is definquent. ered in Sa, a supplemental afficiant must be submitted along with a separate and				
9.	Name and Address of Current R	gistered Agent			0. If changed, new registe	red agent/office			
			Name						
Eugene S. 2020 Dund			ress (P.O. Box Num	Box Number Is Not Acceptable)					
	ven, Fl 3388	Suite, Apl		#, e1c.	_600002 -05/1	3/9701		014	
Willter Haveny 11 33004				City ***1050.00 ***1650.00					
						FL	<u> </u>		
for the purpose of c agent. I am familiar	risions of sections 620,1051 and 6 hanging its registered office or reg with, and accept the obligations o	istered agent, or both, in the Si	ate of Florida. Such cha	nge was authorized	f by its general partner(s), i h	ereby accept the	appointmen	t of registered	
SIGNATURE (Registered Age		A 0000004T		DARTHE	DAT		VIEGO I	PAITITY	
A GENERAL	PARTNER THAT IS MUST	BE REGISTERE				EH BUSII	NESS I	ENIIIY	
11. Names of Gener		Address of Each ((Do NOT Use Post Of	General Partner	7	y, State and Zip Code	11a.		tration nt Number	
Paul, Mar	garet W.	1300 N. La	ke Otis I	r Winte	er Haven,Fl 33880				
Paul, J.R	. Jr.	Live Oak I			e, Fl 33975	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		İ	
Paul, Eug		ll Lake El		Winte	er Haven,Fl 33884			Ì	
Paul, Bry	an W.	Highway 29	South	LaBelle	e, Fl 33975				
		ĺ	:	}		1			
			ı	,					
•									
•			***	DEIN	STATEM	LAT	9	7	
•			~	EFFIN	OIHIEM			1-11	
				<u> </u>			<u>Cu</u>	2	
	partners MAY NOT								
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									

14.	The field certify that the information supp	WOOD ALIER IN HER HAND IN A TONOUTHOUSE INCHINE.		den	.,, -,	. (-)(-)(-)	
	Corporations from any liability of non-compl	liance with Section 119.07(3)(k) in the	event that the infor	rmation supplied is de-	emed exempt from public	access. I further pertify that	t the Information indicated on
	this annual report is true and accurate and t	that my signature shall have the same	legal effects as if i	made under oath. I fur	ther certify that I am a Ge	neral Partner of the limited p	partnership, receiver or trustee
	empowered to execute this report as require	ed by chapter 620, Florida Statutes.					
			()				
		0 1-5	7-				

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Eugene S. Paul

DATE 5/1/97

Tetaphone Number (941)293-9906