

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 PM 2:56

1. Name of Limited Partnership

1a. DOCUMENT #
A26228

BUDDYFREDDYS PLANT CITY, LTD.



Mailing Address

Principal Office Address

~~P.O. BOX 2249~~
~~PLANT CITY FL 33564~~

~~1101 GOLDFINCH DRIVE~~
~~PLANT CITY FL 33566~~

3. Date Formed or Registered

04/05/1988

5a. Capital Contributions as
Shown on record.

\$650,000.00

3a. Date of Last Report

12/31/1997

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

- 0 -

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

505 E. Jackson St.

505 E. Jackson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

33602

USA

Zip

33602

Country

USA

6. FEI Number

59-2882299

☐ 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

10. If changed, new Registered Agent/Office

JOHNSON, PHILLIP E
1101 GOLDFINCH DRIVE
PLANT CITY FL 33567

Name

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

505 E. Jackson St.

Suite, Apt. #, etc.

Suite 202

City

Tampa

FL

Zip Code

33602

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

12/28/98

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

JOHNSON, PHILLIP E.

1101 GOLDFINCH DRIVE
505 E. Jackson St.
Suite 202

PLANT CITY FL
Tampa, FL 33602

000002752250--7
-01/22/99--01116--016
***141.25 ***141.25

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

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

Phillip E Johnson

Daytime Telephone Number

813-763-5881

CR2E003 (8/98)