

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  
98 FEB 26 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A26551

OLIVER-JACKSONVILLE ASSOCIATES, LTD.

Mailing Address

Principal Office Address

~~10021 EMERALD COAST PARKWAY~~  
~~SUITE 23~~  
DESTIN FL 32541

10021 EMERALD COAST PARKWAY  
~~SUITE 23~~  
DESTIN FL 32541

3. Date Formed or Registered

06/13/1988

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

10/04/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

10065 Emerald Coast Parkway

2a. Principal Office Address

10065 Emerald Coast Parkway

Suite, Apt. #, etc.  
Suite C-3

Suite, Apt. #, etc.  
Suite C-3

City & State  
Destin, FL

City & State  
Destin, FL

Zip Country  
32541 Walton

Zip Country  
32541 Walton

6. FEI Number

62-1378010

☐ 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

POPE, WILLIAM A  
~~10021 EMERALD COAST PARKWAY~~  
~~SUITE 23~~  
DESTIN FL 32541

10. If changed, new Registered Agent/Office

Name  
600002447656--0  
Street Address (P.O. Box Number is Not Acceptable)  
03/05/98 01007-017  
10065 Emerald Coast Parkway 156.25 \*\*\*\*156.25  
Suite, Apt. #, etc.  
Suite C-3  
City Destin FL Zip Code 32541

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

OLIVER, HOWARD C.  
OWENS, PAUL D.

10065 Emerald Coast P  
~~10021 EMERALD COAST P~~  
~~LEIGH PLACE~~  
315 Belleville

DESTIN FL 32541  
MONTGOMERY AL  
Brewton, AL 36426

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 2/24/98

Typed or Printed Name of General Partner Signing Form

Howard C. Oliver

Daytime Telephone Number

850-837-1662

CR2E003 (6/97)