

1999  
ANNUAL REPORT  
FOR  
LIMITED PARTNERSHIP



**A26551**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN 10 PM 2:49

DOCUMENT # A26551

1. Name of Limited Partnership

OLIVER JACKSONVILLE ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
10065 EMERALD COAST PKWY.

3. Principal Office Address  
10065 EMERALD COAST PKWY.

4. Date Formed or Registered To Do Business in Florida  
6/13/1988

Suite, Apt. #, etc.  
SUITE C3

Suite, Apt. #, etc.  
SUITE C3

5. FEI Number  
62-1378010

Applied For  
Not Applicable

City & State  
DESTIN, FLORIDA

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DESTIN, FLORIDA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip Country  
32541 WALTON

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32541 WALTON

7. State or Country of Formation

8a. Capital Contributions as Shown on Record  
\$100.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$12.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

8b. Amount of Capital Contributions in FLORIDA to date  
\$100.00

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

POPE, WILLIAM A.  
10065 EMERALD COAST PKWY, SUITE C3  
DESTIN, FLORIDA 32541

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc  
City

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 JUN 9, 1999

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration Document Number

OLIVER, HOWARD C.

10065 EMERALD COAST PKWY.  
SUITE C3

DESTIN, FLORIDA 32541

OWENS, PAUL D.

315 BELLEVILLE

BREWTON, ALABAMA 36426

THIS IS THE 1999 ANNUAL REPORT

**REINSTATEMENT 1999**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

*Howard C. Oliver*

DATE 6/9/99

Typed or Printed Name of General Partner Signing Form

Howard C. Oliver

Telephone Number

8508371662