

**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

97 DEC -8 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**A26556**

**THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-A**

**Mailing Address** **Principal Office Address**  
3500 TUSKAWILLA ROAD SOUTH *cm*  
OVIEDO FL 32765  
3500 TUSKAWILLA ROAD SOUTH  
OVIEDO FL 32765

**2. Mailing Address** **2a. Principal Office Address**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

**3. Date Formed or Registered** **5a. Capital Contributions as Shown on record.**  
06/13/1988 \$23,520.00

**3a. Date of Last Report** **5b. Amount of Capital Contributions in FL ORIDA to date**  
12/30/1996 23520.00

**4. State or Country of Formation**  
FL

**6. FEI Number**  Applied For  
65-0051213  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**  
WOLFORD, DALE E.  
3500 TUSKAWILLA ROAD SOUTH  
OVIEDO FL 32765

**10. If changed, new Registered Agent/Office**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

**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
WOLFORD, DALE E.	3500 TUSKAWILLA ROAD	OVIEDO FL 32765	
WOLFORD, JACQUELINE D.	3500 TUSKAWILLA ROAD	OVIEDO FL 32765	

5.00002373405--1  
-12/16/97--01085--012  
\*\*\*268.39 \*\*\*268.39

**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 *Dale E. Wolford* DATE 11/19/97  
Typed or Printed Name of General Partner Signing Form **Dale E. Wolford** Daytime Telephone Number (904) 677-6000

CR25003 (6/97)