

**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

98 NOV 30 PM 12:21

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1. Name of Limited Partnership	1a. DOCUMENT # A26558
THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-C	

Mailing Address 3500 TUSKAWILLA RD., SOUTH OVIEDO FL 32765	Principal Office Address 3500 TUSKAWILLA RD., 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 06/13/1988	5a. Capital Contributions as Shown on record. \$21,560.00
3a. Date of Last Report 12/08/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 21560.00
6. FEI Number 59-2890706	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$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 RD., 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 _____ State **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.	4083 BELLE MEADE COUR	CASSELBERRY FL	700002708957--5 -12/10/98--01053--009 ****239.67 ****239.67
WOLFORD, JACQUELINE D.	4083 BELLE MEADE COUR	CASSELBERRY FL	

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 11/11/98
 Typed or Printed Name of General Partner Signing Form Dale E Wolford Daytime Telephone Number (407) 677-6000

CR2E003 (8/98)