

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A28881

FARMONT SUNROOFS LIMITED PARTNERSHIP

99-AR
CM



Mailing Address

Principal Office Address

2346 SUCCESS DR.
ODESSA FL 33556
US

2346 SUCCESS DR.
ODESSA FL 33556
US

3. Date Formed or Registered

09/12/1989

5a. Capital Contributions as
Shown on record.

\$49,500.00

3a. Date of Last Report

12/09/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. FEI Number

59-2971543

☐ 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

WINZKOWSKI, MICHAEL
1999 DOWNING PLACE
PALM HARBOR FL 34683

10. If changed, new Registered Agent/Office

Name

THOMAS H. RYDBERG

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

610 W. AZEELE

Suite, Apt. #, etc.

City

TAMPA

FL

Zip Code

33606

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)

Thomas H. Rydberg

DATE

12/22/98

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

FARMONT SUNROOFS, INC.

2346 SUCCESS DR.

ODESSA FL

K86943

800002751038--9
-01/22/99--01014--004
****435.25 ****435.25

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

Michael Winzkowski
MICHAEL WINZKOWSKI

DATE

12/17/98

Typed or Printed Name of General Partner Signing Form

Dayline Telephone Number

727-372-1200

CR2E003 (8/98)