FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DE PARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A29775

RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD.

36 NOV 12 AH 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



120 111.

							Jr 1115	
Mailing Address		Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record. \$659,866.43		
5210 SOUTH FERDON BLVD. CRESTVIEW FL 32536		5210 SOUTH FERDON BLVD.	5210 SOUTH FERDON BLVD. CRESTVIEW FL 32536		03/12/1990			
		CRESTVIEW FL 32536			3a. Date of Last Report			
					12/11/1995	5b. Amou	int of Capital ibulions in FLORIDA	
2. Mailing Add	Ires	28 Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		e:	
		Zu. Trincipal Office Address	,		FL		556,311,66	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FET Number		Applied For	
City & State		City & State	City & State		59-2679850		Not Applicable	
Zip	Country		Country		7. Certificate of Status Desired	\$8.75 Additional Feo Required		
					8. Make check payable to: Dept. of State (See reverse side for fee information			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of C	Current Registered Agent			10. If changed, new Registers	d Arrent/Office		
DAY TIMO			Name					
RAY, TIMO	TH FERDON BLVD.		Street Address (F Suite, Apt. #, etc.		s (P.O. Box Number Is Not Acceptable)			
	W FL 32536				olo.			
			City		T-7-0		Zip Code	
4.5					• ***	FL		
for the pu	rpose of changing its registered of	751 and 620.192, Florida Statutes, the above-na- lice or registered agent, or both, in the State of galions of section 620.192, Florida Statutes.	rmed infilted partner Ftorida. Such charig	rship organ z ge was autho	ed or registered under the laws of t rized by its general partner(s). I her	ne State of Flori eby accept the	da, submits this statement appointment of registered	
	stered Agent Accepting Appointme				DATE			
A GENE	RAL PARTNER TH M	IAT IS A CORPORATION UST BE REGISTERED A	, LIMITED I ND ACTIV	PARTI F WITI	VERSHIP OR OTHE 1 THIS OFFICE	R BUSI	NESS ENTITY	
11. Name(s	s) of Goneral Partner(s)	11a. Address of Facti Ger		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
DAV TUI	TUV E	EASA COUTU FEDDA	N DIV	ODE	ATLANTIAL CI		podulitorii 1404 iliodi	
"RAY, TIMOTHY E.		5210 SOUTH PERDO	5210 SOUTH FERDON BLV		CRESTVIEW FL			
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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 lumished and does not qualify for the exemption stated in Section 119.07(3)(k). Frorida Statutes. Frelease 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. If 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 each. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE

DATE_