

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

260

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN -3 PM 3:50

1. Name of Limited Partnership

1a. DOCUMENT #
A30675

TFS-19, LTD.



Mailing Address
**5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Principal Office Address
**5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

3. Date Formed or Registered
10/05/1990

5a. Capital Contributions as
Shown on record.
\$99.00

3a. Date of Last Report
01/03/1996

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

4. State or Country of Formation
FL

2. Mailing Address
11300 4th St. N.

2a. Principal Office Address
11300 4th St. N.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip Country
33716 Pinellas

Zip Country
33716 Pinellas

6. FEI Number
59-3030297

☐ 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

10. If changed, new Registered Agent/Office

**TFS-19, INC.
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Name
TFS-19, INC.

Street Address (P.O. Box Number Is Not Acceptable)
11300 4th St. N.

Suite, Apt. #, etc.
Suite 200

City Zip Code
St. Petersburg FL 33716

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

TFS-19, INC.

5858 CENTRAL AVE.

ST. PETERSBURG FL

K67097

**600002056076--3
-01/14/97--01003--024
***200.00 ***200.00**

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

M. Steven Sembler

DATE

1-13/96

Typed or Printed Name of General Partner Signing Form **M. Steven Sembler**

Daytime Telephone Number

813-577-5522