

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 16 PM 1:38

SECRETARY OF STATE
KATHERINE HARRIS
TAMPA, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A31674

JOHN-MARY ENTERPRISES, LTD.

Mailing Address

14524 NORTH ROME AVENUE
TAMPA FL 33612

Principal Office Address

1201 EAST BUSCH BOULEVARD
TAMPA FL 33612

3. Date Formed or Registered

06/20/1991

5a. Capital Contributions as
Shown on record

\$10,908,928.80

3a. Date of Last Report

11/17/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 17072
Suite, Apt. #, etc.

2a. Principal Office Address

14524 N. ROME AVE.
Suite, Apt. #, etc.

6. FEI Number

59-3071948

☐ Applied For
☐ Not Applicable

City & State

TAMPA, FL

City & State

TAMPA, FL

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

33682 Hillsborough

Zip

33612 Hillsborough

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GRECO, JOHN
14524 NORTH ROME AVENUE
TAMPA FL 33612

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

0000002781200-7
-02/19/99-01098-004
***526.25 FL ***526.25

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

GRECO, JOHN

14524 NORTH ROME AVENUE

TAMPA FL 33612

GRECO, MARY

14524 NORTH ROME AVENUE

TAMPA FL 33612

CASTRO, MARY JOSEPHINE

14704 LAKE MAGDALENE

TAMPA FL 33613

AL FEB 16 1999

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 John Greco

DATE 2-9-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)