

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -6 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000018

1. Entity Name
ADCOX ENTERPRISES, LTD.



Principal Place of Business
611 HERCHEL DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
12401 N. 22ND ST.
APT #G304
TAMPA, FL 33612



2. Principal Place of Business
12401 N. 22nd Street

3. Mailing Address

Suite, Apt. #, etc.
Apt. G-304

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33612

Country
USA

Zip

Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3155351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADCOX, WILLARD T
12401 N. 22ND ST.
APT.#G304
TAMPA, FL 33612

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Willard T. Adcox, Gen Partner*

04-28-2004

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ADCOX, WILLARD T
12401 N. 22ND ST., APT. #G304
TAMPA, FL 33612

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ADCOX, MILDRED T
12401 N. 22ND ST., APT. #G304
TAMPA, FL 33612

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SUTTON, JENNIFER J
17325 LINDA VISTA CIRCLE
LUTZ, FL 33549

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Willard T. Adcox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-28-04 (813) 975-5375
Date Daytime Phone #