

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

A93000000604

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV -5 PM 3: 33

1. Name of Limited Partnership	1a. DOCUMENT # A93000000604
THE PAUL AND HAZEL SMYSOR LIMITED PARTNERSHIP	



Mailing Address 1605 N.W. 22ND STREET GAINESVILLE FL 32605	Principal Office Address 1605 N.W. 22ND STREET GAINESVILLE FL 32605	3. Date Formed or Registered 06/02/1993	5a. Capital Contributions as Shown on record. \$2,100,632.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3186689	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE FL 32605	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
TRI-CEP, INC.	1605 N.W. 22ND STREET	GAINESVILLE FL 32605	P94000054669
000002685030--5 -11/10/88--01093--008 ****526.25 ****526.25 BK 11/5/98			

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 Elaine S. Sherron DATE \_\_\_\_\_  
 Typed or Printed Name of General Partner Signing Form Elaine S. Sherron Daytime Telephone Number 850-893-6051

CR2E003 (8/89)