

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  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000000322

SCHWEIZER & SCHWEIZER LIMITED PARTNERSHIP

99-AP CM

FILED

08 OCT 12 AM 10:12

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address PO DRAWER 12684 PENSACOLA FL 32574-2684	Principal Office Address 600 S. BARRACKS. #210 PENSACOLA FL 32501	3. Date Formed or Registered 03/11/1994	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 09/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Zip	City & State Zip	4. State or Country of Formation FL	6. FEI Number 59-3238704
Country	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 SCHWEIZER, WILLIAM T 600 S. BARRACKS ST., #210 PENSACOLA FL 32501	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	Zip Code FL

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) SHUANEY CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 S. BARRACKS STREET	11b. City, State & Zip Code PENSACOLA FL 32501	11c. Registration/ Document Number P97000095803 800002666158--9 -10/17/98-01001--014 ***141.25 ***141.25
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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 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

DATE

9/8/98