

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

96 MAR 29 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Partnership

1a. DOCUMENT #
A94000000452

ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP

96 AR

8341 MANAVISTA STREET
JACKSONVILLE FL 32211

8341 MANAVISTA STREET
JACKSONVILLE FL 32211

CM

3. Date of Filing

FLORIDA
04/01/1996

3a. Date of Report

04/25/1995

4. State of Formation

FL

5a.

Capital Contribution
\$43,560.00

5b.

Capital Contribution
FLORIDA

6.

Partnership Number
59-3055788

7.

Additional Fee
\$0.75 Additional Fee required
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursuant to Section 607.193, F.S.)

9. Name and Address of Current Registered Agent

INGRAM, ROBERT W
8341 MANAVISTA STREET
JACKSONVILLE FL 32211

10.

Partnership Number

000001771560

-04/08/96--01013--018

****443.67 ****443.67

FL

10a. I, the undersigned, certify that the information supplied with this report is true and correct, and that I am a partner in the partnership named herein, and that I am a resident of the State of Florida.

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner

INGRAM, ROBERT W

11a.

8341 MANAVISTA STREET

11b.

JACKSONVILLE FL 32211

11c.

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied with this report is true and correct, and that I am a partner in the partnership named herein, and that I am a resident of the State of Florida.

SIGNATURE

Robert W. Ingram
Robert W. Ingram

DATE

3-27-96
(904) 725-3858

Typed or Printed Name of General Partner Signing Form

Telephone Number