DEBIT MEMORANDUM

DATE

FOR OFFICIAL USE

TO:

DEPARTMENT OF STATE

R94

000000452

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

*******	*****	********	****	***1	****	****	***
* FUND	AMOUNT	REASON RETURNED	KEY	••	*		*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS		1	*		*
* TRUST	1,318.61	ACCOUNT CLOSED		2	+	2	*
OTHER		UNCOLLECTED FUNDS		3	*		*
* TOTAL	1,318.61	·		4	*		*

-06/10/96--01006--001 \*\*\*\*465.85 \*\*\*\*465.85 \_

NUMBER

CROSS	DISTRIBUTION		******************************
REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	2,50
12	45-20-2-130001-45300000-00-000100-00	4	35.00
12	45-20-2-130001-45300000-00-000100-00	3	102.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	4	443.67
12	45-20-2-130001-45300000-00-000100-00	2	612.94

GRAND TOTAL:

\$ 1,318.61

# 443.67

465.85

APR 26 AHO: 19

1

63405-E

Process Date: 04/12/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

#### DEBIT' I EMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO:

DEPARTMENT OF STATE

# A94 000000 45

OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

*******	******	*******	*****	***	*****	*
* FUND	AMOUNT	REASON RETURNED	KEY #	*	•	*
	0.00	INSUFFICIENT FUNDS	1	*	•	*
* TRUST	1,175.85	ACCOUNT CLOSED	2	*	2	* *
* OTHER		UNCOLLECTED FUNDS	3	*	7	* * .
* TOTAL ************						*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12 12 12 12 12 12 12	45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00	4 4 1 1 1 4	25.00 25.00 87.50 122.50 225.00 225.00 465.85

GRAND TOTAL:

1,175.85

64182-G

465.85 7961200038663

Process Date: 06/17/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

CShooooo hb #000087# 4:0830000474 ORPORATIONS #문기가스킥 가족 명막 2 PRESENTES TWEE \*5853100000° 0087 53-4/830

2.7001/202 020 10000004434 028\_07 .0%20000473



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Jul; 3, 1996

Robert Wayne Ingram Family Limited Partnership 8341 Manavista St. Jacksonville, FL 32211

SUBJECT: ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP Ref. Number: A94000000452

Debit Memo #: 64182-G

This is to inform you that your check #0087 dated June 6, 1996 in the amount of \$465.85 and submitted for ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$489.14 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant I Division of Corporations

Letter number: 096A00032851



Revoke 10/14/910

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 14, 1996

Robert Wayne Ingram Family Limited Parmership 8341 Manavista Street Jacksonville, FL 32211

SUBJECT: ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP Ref. Number: A94000000452

Debit Memo #: 64182-G (2nd Returned Ck. for this LTD)

Due to your failure to respond to our previous letter, your Annual Report for ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP has been cancelled and is considered not filed as of August 13, 1996.

Please refer to our previous letter advising you of the returned check.

Section 620.178, Florida Statutes, requires us to give at least 60 days notice of our intent to revoke the certificate of authority of a limited partnership for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$489.14 is not received within 60 days, your limited partnership's certificate of authority will be revoked and a reinstatement fee of an additional \$500 a year or part of a year will be imposed.

Please send your response to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6900.

Mclinda Lilliston Administrative Assistant I

Letter Number: 796A00038663



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 15, 1996

Robert Wayne Ingram Family Limited Partnership 8341 Manavista Street Jacksonville, FL 32211

SUBJECT: ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP Ref. Number: A94000000452

SUBJECT: ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP

DOCUMENT NUMBER: A94000000452

Enclosed is a Certificate of Revocation revoking the authority of ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP, to transact business in Florida. This revocation is in accordance with Chapter 620, Florida Statutes.

If you have any questions concerning the enclosed information regarding the reinstatement, please contact the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (904) 487-6056.



Department of State

I certify that the Department of State issued statutory notice of the intent to revoke ROBErT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP, pursuant to section 620.178, Florida Statutes.

I further certify that the Authority to Tranact Business of said Limited Partnership was revoked as of October 15, 1996, in compliance with section 620.178(1)(a), Florida Statutes.

The document number of this Limited Partnership is A94000000452.

Given under my hand and the Great Seal of the State of Morida, at Tallahassee, the Capitol, this the Fifteenth day of October, 1996

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State