

2ND NOTICE: 60 DAYS NOTICE OF INTENT TO REVOKE
THIS LIMITED PARTNERSHIP WILL BE REVOKED IF REPORT IS NOT FILED BY APRIL 12, 1995

LIMITED PARTNERSHIP
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000452

ROBERT WAYNE INGRAM FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

9341 MANAVISTA STREET
JACKSONVILLE FL 32211

Principal Office Address

8341 MANAVISTA STREET
JACKSONVILLE FL 32211

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Registered to Do Business in FLORIDA

04/01/1994

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on Record

\$43,560.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

59-3055788

Applied For

Not Applicable

7. \$8.75 Additional Fee required for a Certificate of Status ☐

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FEES SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Department of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

INGRAM, ROBERT W
8341 MANAVISTA STREET
JACKSONVILLE FL 32211

10. If changed, new, registered agent/office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

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, to 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.

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***138.75. ***138.75.

SIGNATURE (Registered Agent Accepting Appointment)

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

11. Names of General Partner(s)

INGRAM, ROBERT W

11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)

8341 MANAVISTA STREET

11b. City and State

JACKSONVILLE FL

11c. Registration Document Number

900001466999

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***305.20 ***305.20

Remitted in time

SP 4/25

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

Robert Wayne Ingram

DATE

3-9-95

Typed or Printed Name of General Partner Signing Form

ROBERT WAYNE INGRAM

Telephone Number

(904) 721-8643

(904) 725-7936

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