

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN -9 PM 3: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000000605

THE MEHAFFEY FAMILY LIMITED PARTNERSHIP 98-AR  
CM



Mailing Address

Principal Office Address

1724 FOUNTAINHEAD DRIVE  
LAKE MARY FL 32746

1724 FOUNTAINHEAD DRIVE  
LAKE MARY FL 32746

3. Date Formed or Registered

04/25/1994

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

12/23/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$ 100.00

4. State or Country of Formation

FL

6. FEI Number

59-3238642

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

Mailing Address

2a. Principal Office Address

P.O. Box 682663  
Suite, Apt. #, etc.  
Orlando Florida  
City & State  
Orange  
Zip 32868 Country

2203 Greenview Cir  
Suite, Apt. #, etc.  
Orlando, FL  
City & State  
32868 Orange  
Zip Country

9. Name and Address of Current Registered Agent

MEHAFFEY, CLAUDE W  
1724 FOUNTAINHEAD DR.  
LAKE MARY FL 32746

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 620.1061 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

MEHAFFEY, CLAUDE W  
MEHAFFEY, VIRGINIA L

1724 FOUNTAINHEAD DR.  
1724 FOUNTAINHEAD DR.

LAKE MARY FL 32746  
LAKE MARY FL 32746

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-01/22/98--01063--018  
\*\*\*\*156.25 \*\*\*\*156.25

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

CLAUDE W. MEHAFFEY

DATE

1-7-98

Daytime Telephone Number

407-578-3837

CR2E003 (6/97)