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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

DIVISION OF CORPORATIONS
97 DEC 16 AM 9: 04



	710400000740								
LORIDA FOREST PRODUCTS, LTD.			T HENGER LANG HANK CHAIN BANK BANK BANK BANK BANK BANK BANK BAN						
			3. Date Formed or Registered						
Malling Address	Principa! Office Address		•	5a. Capital Contributions as Shown on record.					
P.O. BOX 1345 LARGO FL 33779	2062 20TH AVENUE S.E. LARGO FL 33771		06/01/1994 3a. Date of Last Report	\$500,000.00					
			12/30/1996	5b. Amount of Capital Contributions in FLORIDA					
2. Mailing Address	28. Principal Office Address		4. State or Country of Formalion	to date:					
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3245875	Applied For					
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additiona' Fee Required					
Zip Country	Zip	Zip Country .		8. Make check payable to: Dopt of State (Soo reverse side for fee information)					
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Register	red Agent/Office					
PETERSON, RONALD D 2062 20TH AVENUE S.E. LARGO FL 34649		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc							
							Crty	FI 710 Code	
					10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of i			
SIGNATURE (Registered Agent Accepting Appointment)									
A AFNEDAL BARTHED THE			DA11						
A GENERAL PARTNER THAT	I IS A CORPORATION, ST BE REGISTERED A	LIMITED ND ACTIV	PARTNERSHIP OR OTHI						
MUS	T IS A CORPORATION, ST BE REGISTERED A Address of Each Gon 11a. (Do NOT Use Post Office	ND ACTIV	PARTNERSHIP OR OTHI						
MUS	ST BE REGISTERED A	ND ACTIV cral Partner Box Numbers)	PARTNERSHIP OR OTHI E WITH THIS OFFICE.	ER BUSINESS ENTITY					
MUS	THE REGISTERED A 11a. Address of Each Gon NOT Use Post Office	ND ACTIV cral Partner Box Numbers)	PARTNERSHIP OR OTHI E WITH THIS OFFICE. 11b. City, State & Zip Code LARGO FL 34649	11c. Registration/ Document Number P94000040977					
MUS 11. Name(s) of General Partner(s)	THE REGISTERED A 11a. Address of Each Gon NOT Use Post Office	ND ACTIV cral Partner Box Numbers)	PARTNERSHIP OR OTHI E WITH THIS OFFICE. 11b. City, State & Zip Code LARGO FL 34649	11c. Registration/ Document Number P94000040977					
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this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE Mulacl T. To les VICE PRES. DATE DECEMBER 12,1997

Typed or Printed Name of General Partner Signing Form FLORIDA FOREST PROD. INC. Daytime Telephone Number (813) 585-2067

empowered to execute this report as required by chapter 620, Florida Statutes