

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

**LIMITED PARTNERSHIP
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 30 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Limited Partnership

1a. DOCUMENT #
A94000000908

INTERSTATE BUSINESS PARK GENERAL PARTNER, LTD.
ZGARCIA ENTERPREISES, INC.
7237 BRYAN DAIRY ROAD
LARGO FL 34647

2. Enter Change of Mailing Address

City and State

Zip Code

2a. Enter Principle Place of Business

400001443844

City and State

Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a.

**3. Date Registered to Do Business in
FLORIDA**

07/06/94

3a. Date of Last Report

4. State or Country of Formation

FLORIDA

**5a. Capital Contributions as Shown
on Record:**

\$100.00

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

\$100.00

6. 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, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1994 annual report with a check payable in U.S. funds through a U.S. bank to the Secretary of State.

**7. Federal Employer
Identification Number**

59-3261739

FEI Number Applied For
FEI Number Not Applicable

\$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MARTIN L. GARCIA, ESQ.
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602
US

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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, 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. Names of General Partner(s)

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

11b. City and State

11c. Registration/Document Number

INTERSTATE BUSINESS
PARK, INC.

Z GARCIA ENTERPRISES
7237 BRYAN DAIRY ROAD

LARGO FL 34647

P94000049778

TIS, 3/30/95

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

12. I certify that the information indicated on this annual report is true and correct, 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, trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

3/28/95

Typed or Printed Name of General Partner Signing Form

MARTIN L. GARCIA, VICE PRESIDENT OF
INTERSTATE BUSINESS PARK, INC.
GENERAL PARTNER

Telephone Number

(813) 221-3900

1204 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9471
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 566388 6843A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 200⁰⁰

ORDER DATE : March 27, 1995

ORDER TIME : 9:50 AM

400001448844

ORDER NO. : 566388

CUSTOMER NO: 6843A

CUSTOMER: Cathy Hume, Legal Assistant
Hill Ward & Henderson
P. O. Box 2231

Tampa, FL 33602

ANNUAL REPORT FILING

NAME: INTERSTATE BUSINESS PARK
GENERAL PARTNERS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail Williams

EXAMINER'S INITIALS:

TS