

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

FILED

97 DEC 31 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000000908**

INTERSTATE BUSINESS PARK GENERAL PARTNER, LTD.



Mailing Address

% GARCIA ENTERPRISES, INC.  
15950 BAY VISTA DR  
CLEARWATER FL 34620

Principal Office Address

% GARCIA ENTERPRISES, INC.  
15950 BAY VISTA DR  
CLEARWATER FL 34620

98-AR  
CM

3. Date Formed or Registered

07/06/1994

3a. Date of Last Report

12/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$100.00

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

2. Mailing Address

Hill, Ward & Henderson

2a. Principal Office Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

PO Box 2231

Suite, Apt. #, etc.

Suite 3700

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33601-2231

Country

USA

Zip

33602

Country

USA

6. FEI Number

59-3261739

☐ 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)

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L ESQUIRE  
101 E. KENNEDY BLVD., #3700  
TAMPA FL 33602

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, 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)

INTERSTATE BUSINESS PARK, IN

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

15950 BAY VISTA DR #2

11b. City, State & Zip Code

CLEARWATER FL 34620

11c. Registration/  
Document Number

P94000049778

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\*\*\*\*158.25 \*\*\*\*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

DATE

Typed or Printed Name of General Partner Signing Form

Martin L. Garcia

Daytime Telephone Number

813 535-0772

CP2E003 (6/97)