

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001111

NOLA T. REYNOLDS TRUST FAMILY LIMITED PARTNERSHIP

47-AR
cm



Mailing Address
**46727 CORKSCREW BLVD.
PO BOX 8
LAKE HARBOR FL 33459**

Principal Office Address
**257 S.E. AVENUE E
BELLE GLADE FL 33430**

3. Date Formed or Registered
08/12/1994

5a. Capital Contributions as
Shown on record
\$309,826.00

3a. Date of Last Report
05/09/1996

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number
65-0509761

☐ 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

10. If changed, new Registered Agent/Office

**BAKER, JOHN E
257 S.E. AVENUE E
BELLE GLADE FL 33430**

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)

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

11b. City, State & Zip Code

11c. Registration /
Document Number

WEEKS, MARTHA L.T. TRUSTEE

P.O. BOX 8, 31 E. COR

LAKE HARBOR FL 33459

**500001983185--3
-10/22/96--01139--010
****576.25 ****576.25**

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

Martha Lynn T. Weeks

DATE

10/2/96

Typed or Printed Name of General Partner Signing Form

Martha Lynn T. Weeks

Daytime Telephone Number

(904) 986-0469

CR2E003 (6/96)