

LIMITED PARTNERSHIP
ANNUAL REPORT
1999




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

FILED

98 DEC 31 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A94000001113		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
JOHN H. HIXON LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3818 BETTES CIRCLE JACKSONVILLE FL 32210		ROUTE 1, BOX 305 FT. WHITE FL 32038		08/16/1994	\$3,000,000.00
				3a. Date of Last Report	
				12/22/1997	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date.
				FL	3,000,000.
2. Mailing Address		2a. Principal Office Address		6. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3263845	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

<p>9. Name and Address of Current Registered Agent</p> <p>HIXON, JOHN H ROUTE 1, BOX 305 FORT WHITE FL 32038</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number Is Not Acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p> <p>Zip Code</p>
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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
HIXON, JOHN H HIXON, J. ELAINE	ROUTE 1, BOX 305 ROUTE 1, BOX 305	FT. WHITE FL 32038 FT. WHITE FL 32038	<div data-bbox="974 1709 1419 1799"> 300002748883--9 -01/20/95--01115--007 *****526.25 *****526.25 </div>

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

Daytime Telephone Number

CR2E003 (8/98)