

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

FILED

97 JAN -3 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A94000001181
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CARTER FAMILY LIMITED PARTNERSHIP
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Mailing Address 2607 PROCTOR ROAD SARASOTA FL 33411	Principal Office Address 2607 PROCTOR ROAD SARASOTA FL 33411
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3. Date Formed or Registered 08/29/1994	5a. Capital Contributions as Shown on record. \$132,244.00
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3a. Date of Last Report 12/27/1995
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4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
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2. Mailing Address 5348 First Avenue North	2a. Principal Office Address 5348 First Avenue North
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Suite, Apt. #, etc. St. Petersburg, FL 33710	Suite, Apt. #, etc. St. Petersburg, FL 33710
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City & State	City & State
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Zip	Country	Zip	Country
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6. FEI Number 59-3262749	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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8. Make check payable to: Dept. of State (See reverse side for fee information)
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9. Name and Address of Current Registered Agent WHITE, RONALD C 5348 FIRST AVENUE NORTH ST. PETERSBURG FL 33710	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.
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SIGNATURE (Registered Agent Accepting Appointment)	DATE
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
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11. Name(s) of General Partner(s) WHITE, SHELLEY C CARTER, BARBARA K CARTER, JOHN SHARPE III	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 48702 2607 PROCTOR ROAD 8111 Country Club Rd. North 6625 HATCHER RD.	11b. City, State & Zip Code ST. PETERSBURG FL 337 SARASOTA FL 34231 St. Petersburg, FL 33710 LAKELAND FL 33811	11c. Registration/ Document Number 8000002057728--6 -01/14/97--01154-017 ****576.25 ****576.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.
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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.
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SIGNATURE <i>Barbara K. Carter</i> Typed or Printed Name of General Partner Signing Form <i>Barbara K. Carter</i>	DATE <i>12/26/96</i> Daytime Telephone Number <i>(813) 323-5700</i>
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CR2E003 (6/96)