

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 17 PM 12:17



1. Name of Limited Partnership

1a. DOCUMENT #  
A94000001198

THE WETMORE FAMILY LIMITED PARTNERSHIP

Mailing Address

603 BARRY PLACE  
INDIAN ROCKS BCH FL 34635-3106

Principal Office Address

603 BARRY PLACE  
INDIAN ROCKS BCH FL 34635-3106

3. Date Formed or Registered

09/01/1994

5a. Capital Contributions as  
Shown on record

\$250,000.00

3a. Date of Last Report

12/11/1996

5b. Amount of Capital  
Contributions in FL OR DA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-3264076

☐ 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

WETMORE, DEE  
603 BARRY PLACE  
INDIAN ROCKS BCH FL 34635-3106

10. If changed, new Registered Agent/Office

Name

7000002352357-7

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

11/19/97-01099-008

\*\*\*\*541.25 \*\*\*\*541.25

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.10(1) 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)

WETMORE, DEE

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

603 BARRY PLACE

11b. City, State & Zip Code

INDIAN ROCKS BEACH FL

11c. Registration/  
Document Number

11-18

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

X Dee Wetmore

DATE

X 11-11-97

Typed or Printed Name of General Partner Signing Form

X Dee Wetmore

Daytime Telephone Number

X 813-596-5263

CR2003 (5/97)