

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 31 AM 10:22

2/1

1. Name of Limited Partnership:

1a. DOCUMENT #

A94000001626

WINGFIELD/HOLCOMB FAMILY LIMITED PARTNERSHIP

Mailing Address  
2160 Reserve Park Trace  
Port St. Lucie, FL 34986

Principal Office Address  
2160 Reserve Park Trace  
Port St. Lucie, FL  
34986

3. Date Formed or Registered

12/01/94

5a. Capital Contributions as  
Shown on record.

\$6,955,513.00

3a. Date of Last Report

12/28/95

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

6. FEI Number

65-0531801

☐ 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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

Fee, Frank H. III  
401-A South Indian River Drive  
Fort Pierce, FL 34950

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) 400002052034-0

Suite, Apt. #, etc.

01/09/97-01022-008  
\*\*\*\*\$76.25 \*\*\*\*\$76.25

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

WINGFIELD, WILLIAM C. III 2160 Reserve Park Trace Port St. Lucie, FL  
34986

HOLCOMB, JOHN W. JR. 2160 Reserve Park Trace Port St. Lucie, FL  
34986

**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

*John W. Holcomb*

DATE 12-16-96

Typed or Printed Name of General Partner Signing Form John W. Holcomb

Daytime Telephone Number 561-468-4604

CR2E003 (6/96)