

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 24 PM 1:03

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001626

WINGFIELD/HOLCOMB FAMILY LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

~~2160 RESERVE PARK TRACE~~
~~FORT PIERCE, FL 34950~~
603 N. Indian River Dr.
Suite 104
Fort Pierce, FL 34950

~~2160 RESERVE PARK TRACE~~
~~FORT PIERCE, FL 34950~~
603 N. Indian River Dr.
Suite 104
Fort Pierce, FL 34950

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Formed or Registered

12/01/1994

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

65-0531801

5a. Capital Contributions as
Shown on record.

\$6,955,513.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

☐ 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

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 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

WINGFIELD, WILLIAM C III
HOLCOMB, JOHN W JR.

603 N. Indian River Dr.
~~2160 RESERVE PARK TRACE~~
Suite 104
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603 N. Indian River Dr.
Suite 104

Fort Pierce, FL
~~FORT PIERCE, FL 34950~~
34950
~~FORT PIERCE, FL 34950~~
Fort Pierce, FL
34950

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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

11/18/98

Typed or Printed Name of General Partner Signing Form

John W. Holcomb, General Partner

Daytime Telephone Number

561-465-7020

CR2E003 (8/98)