FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



THE TODD GIRLS LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

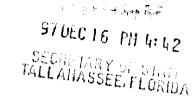
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

The state of the s

Typed or Printed Name of General Partner Signing Form

a. DOCUMENT # **A94000001816**





Daytime Telephonic Num(ler 941) 682-4277

				A 12/17	
Mailing Address 224 SOUTH MISSOURI AVE. LAKELAND FL 33815	Principal Office Address 224 SOUTH MISSOURI AVE. LAKELAND FL 33815		3. Date Formed or Registered 12/27/1994 3a. Date of Last Report	58. Capital Confountions as Shown on record.	
			12/20/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		826 882.08	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City & State	City & State			Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Z _I p Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
TODD, H R 224 SOUTH MISSOURI AVENUE LAKELAND FL 33815		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
for the purpose of changing its registered off agent. I am familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointmet A GENERAL PARTNER TH	nt)	ida. Such chang	pe was authorized by its general partner(s). I her DATE PARTNERSHIP OR OTHE	aby accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		11b. City, State & Zip Code	11c. Registration/ Document Number	
H.R. TODD REVOCABLE TRUST	224 SOUTH MISSOURI AV		BOODO2: -12/19. *****5	G94361900011 3 78 1 1 8 2 /3701083024 41.25 ****541.25	
Note: General partners MAY N	NOT be changed on this form	r an ame	ndment must be filed to ch	ange a general partner	

12. To 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), Fiorida Statutes. I release the Division of

H. R. TODS, TRUSTEE

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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee expowered to execute this report as required by chapter 620, Florida Statutes.