A95000000005

HOLBROOK, AKEL, COLD & STIEFEL, P.A.
ATTORNEYS AT LAW
INDEPENDENT SQUARE
1 INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FLORIDA 32202-5058

H. LEON HOLBROOK
EDWARD C. AKEL
KATHLEEN HOLBROOK COLD
DANIEL D. AKEL
H. LEON HOLBROOK, III
JOHN R. STIEFEL, JR.

TELEPHONE
(904) 356-9311

TELECOPIER
(904) 356-7330

December 21, 1994

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: The Ringhaver Family Limited Partnership

Dear Sirs:

Enclosed are originals and copies of Certificate of Limited Partnership and Affidavit of Capital Contribution of The Ringhaver Family Limited Partnership to be filed. Please file these limited partnership papers and return stamped copies to me. A check payable to the Secretary of State for $1,785.00 is enclosed to cover the fees.

If you have any questions, please do not hesitate to give us a call. Thank you very much for your cooperation and assistance.

Sincerely yours,

H. LEON HOLBROOK

HLH/rh

Enclosure

cc: Mr. Lance C. Ringhaver
Mr. Randal L. Ringhaver

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE RINGHAVER FAMILY LIMITED PARTNERSHIP

In accordance with Chapter 620 of the Florida Statutes, the undersigned general partner enters into this Certificate of Limited Partnership to form a limited partnership and state as follows:

1. The name of the limited partnership is The Ringhaver Family Limited Partnership.

2. The address of the office and the name of the agent for service of process as required to be maintained by Section 620.105 of the Florida Statutes are H. Leon Holbrook, Independent Square, One Independent Drive, Suite 2301, Jacksonville, Florida 32202.

3. The name and the business address of each general partner is:

Lance C. Ringhaver
9797 Gibsonton Drive
Riverview, Florida 33569

Randal L. Ringhaver
8050 Phillips Highway
Jacksonville, Florida 32256

4. The principal place of business for the limited partnership is 8050 Phillips Highway, Jacksonville, Florida 32256.

5. The mailing address for the limited partnership is Post Office Box 45022, Jacksonville, Florida 32232-5022.

6. The latest date upon which the limited partnership is to dissolve is December 31, 2020.

7. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners accompanies this Certificate of Limited Partnership.

6. The effective date of the limited partnership shall be the date it is filed with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the general partners have signed this Certificate of Limited Partnership on the date acknowledged below.

LANCE C. RINGHAVER

RANDAL L. RINGHAVER

STATE OF FLORIDA

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 14 day of December, 1994, by LANCE C. RINGHAVER, who is personally known to me or who has produced a Florida driver's license as identification.

Christine Carter

Notary Public, State and
County Aforesaid

My Commission Expires:

(Notary Public)

CHRISTINE CARTER
MY COMMISSION # CC 228422
EXPIRES: October 10, 1996
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 21st day of December, 1994, by RANDAL L. RINGHAVER, who is personally known to me or who has produced a Florida driver's license as identification.

Ruth M. Craig
Notary Public, State and
County Aforesaid

RUTH M. CRAIG
MY COMMISSION # CC 034476
EXPIRES: April 23, 1995
Bonded Thru Notary Public Underwriters

My Commission Expires:

(Notary Public)

FILED
'94 DEC 23 AM 9:00

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

The undersigned, H. Leon Holbrook, a practicing attorney in Duval County, Florida, and a resident of Duval County, Florida, hereby accepts appointment as Resident Agent for The Ringhaver Family Limited Partnership this 21st day of December, 1994.

H. LEON HOLBROOK

AGR.B/RINGFAM.CER/HLH/rh

AFFIDAVIT OF CAPITAL CONTRIBUTION OF
THE RINGHAVER FAMILY LIMITED PARTNERSHIP

The undersigned general partners declare under oath that the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners of The Ringhaver Family Limited Partnership, a Florida limited partnership, is $250,000.00.

LANCE C. RINGHAVER

RANDAL L. RINGHAVER

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 14 day of December, 1994, by LANCE C. RINGHAVER, who is personally known to me or who has produced a Florida driver's license as identification.

Christine Carter
Notary Public, State and
County Aforesaid

My Commission Expires:

(Notary Public)

CHRISTINE CARTER
MY COMMISSION # CC 228422
EXPIRES: October 10, 1998
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 21st day of December, 1994, by RANDAL L. RINGHAVER, who is personally known to me or who has produced a Florida driver's license as identification.

Ruth M. Craig
Notary Public, State and
County Aforesaid

My Commission Expires:

(Notary Public)

RUTH M. CRAIG
MY COMMISSION # CC 034476
EXPIRES: April 23, 1995
Bonded Thru Notary Public Underwriters

AGR.B/RINGFAM.AFF/HLH/rh

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

LIMITED PARTNERSHIP
ANNUAL REPORT
1995

[redacted]

APPROVED
AND
FILED

95 JAN 17 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT #
A 95000000005

1. The Ringhaver Family Limited Partnership

Post Office Box 45022
Jacksonville, FL 32232-5022

8050 Phillips Highway
Jacksonville, Florida 32256

2.

2a.

3. Date Registered ... FLORIDA: 12/23/94

3a. -

4. Florida

5a. $250,000

5b. FLORIDA 0

6. FEI Number: 59-32-84-538

7. $8.75 Additional Fee is required for a Certificate of Status

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6050.
Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

H. Leon Holbrook
Independent Square
One Independent Drive, Suite 2301
Jacksonville, Florida 32202

10.
Name
Street Address
City: FL

10a.

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. Names of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	11b. City and State	11c. Registration Document Number
Lance C. Ringhaver	9797 Gibsonton Drive	Riverview, Florida	A95000000005
Randal L. Ringhaver	8050 Phillips Highway	Jacksonville, Florida	A95000000005

CJH

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on ... the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership ...

SIGNATURE Lance C. Ringhaver 1-10-95

Lance C. Ringhaver

Telephone Number 813-671-3700

CR2E053 (6-94)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
96 JAN 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000005

RINGHAVER FAMILY LIMITED PARTNERSHIP

2. New Mailing Address, If Applicable

Suite, Apt. # etc. SOMETHING

City, State & Zip ****576.25 ****576.25

-01416/96--01044--016

Mailing Address
P.O. BOX 45022
JACKSONVILLE FL 32232-5022

Principal Office Address
8050 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

2a. New Principal Office Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/23/1994	01/17/1995	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$250,000.00		59-3284538	Applied For ☐ Not Applicable ☐ $8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. **Name and Address of Current Registered Agent**

HOLBROOK, H. LEON
INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

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
RINGHAVER, LANCE C	9797 GIBSONTON DRIVE	RIVERVIEW FL 33569	
RINGHAVER, RANDAL L	8050 PHILLIPS HIGHWAY	JACKSONVILLE FL 32256	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) 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 effect 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 Randal L Ringhaver DATE 12-15-95

Typed or Printed Name of General Partner Signing Form RANDAL L. RINGHAVER Telephone Number 904-737-7730

CR2E003 (6/95)

0009282