

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 DEC 17 AM 11:33

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000419

V. J. KENNEDY FAMILY LIMITED PARTNERSHIP

Mailing Address

POST OFFICE BOX 4988
CLEARWATER FL 34618

Principal Office Address

POST OFFICE BOX 4988
CLEARWATER FL 34618

3. Date Formed or Registered

03/16/1995

5a. Capital Contributions as
Shown on record.

\$152,339.00

3a. Date of Last Report

12/27/1996

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

\$152,339.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33758

Country

Zip

33758

Country

6. FEI Number

59-3320838

☐ 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

KENNEDY, V. JACK
1310 GULF BOULEVARD
CRESCENT BEACH II, UNIT 14A
CLEARWATER FL 34630

10. If changed, new Registered Agent/Office

Name

Street Address (P.O.)

Suite, Apt. #

City

300002380173-8

Acceptable 12/23/97-01037-002

****541.25 ****541.25

FL

Zip Code
33767

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named partnership, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

If organized or registered under the laws of the State of Florida, submit this statement
If not, was authorized by its general partner(s). I hereby accept the appointment of registered

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12/8/97

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

V. JACK KENNEDY, AS TRUSTEE

1310 GULF BLVD., UNIT 14A

CLEARWATER FL 34630 33767

12-19

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 12/8/97

Typed or Printed Name of General Partner Signing Form

V. J. Kennedy

Daytime Telephone Number

CR25003 (6/97)