

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 31 AM 11:22

mtm
1/14



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000581

PAGE W, LTD.

Mailing Address

Principal Office Address

~~800 ROSEWOOD DR.~~
~~MARY ESTHER FL 32569~~

~~800 ROSEWOOD DR.~~
~~MARY ESTHER FL 32569~~

3. Date Formed or Registered

04/11/1995

5a. Capital Contributions as
Shown on record.

\$500.00

3a. Date of Last Report

01/07/1997

5b. Amount of Capital
Contributions in FL ORIDA
to date.

4. State or Country of Formation

FL

2. Mailing Address

1352 STERLING PT. DR.
Suite, Apt. #, etc.

2a. Principal Office Address

1352 STERLING PT. DR.
Suite, Apt. #, etc.

City & State

GULF BREEZE, FLA.

City & State

GULF BREEZE, FLA.

Zip

Country

32561 SANTA ROSA

Zip

Country

32561 SANTA ROSA

6. FEI Number

59-3328647

☐ 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

WARD, RONALD E

~~800 ROSEWOOD DR.~~

~~MARY ESTHER FL 32569~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

1352 STERLING PT. DR.

Suite, Apt. #, etc.

City

GULF BREEZE

State

FL

Zip Code

32561

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)

WARD, RONALD E

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~800 ROSEWOOD DR.~~
1352 STERLING PT. DR.

11b. City, State & Zip Code

~~MARY ESTHER FL 32569~~
GULF BREEZE, FLA.
32561

11c. Registration/
Document Number

300002401173--3
-01/15/98--01034--007
****156.25 ****156.25

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

Typed or Printed Name of General Partner Signing Form

RONALD WARD

DATE

26 DEC. 97

Daytime Telephone Number

850 934 8911

CR2E03 (6/97)