

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 23 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000676

TROPICAL KING LIMITED PARTNERSHIP

Mailing Address

22820 STATE ROAD 54  
LUTZ FL 33549  
2620 HUNT RD  
LAND O' LAKES, FL 34639

Principal Office Address

22820 STATE ROAD 54  
LUTZ FL 33549

3. Date Formed or Registered

04/28/1995

3a. Date of Last Report

09/18/1997

5a. Capital Contributions as  
Shown on record

\$200,000.00

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

200,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3311634

☐ 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)

2. Mailing Address

2620 HUNT RD

Suite, Apt. #, etc.

City & State

LAND O' LAKES, FL

Zip Country

34639 USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

GORDON, BRUCE H  
C/O SHUMAKER, LOOP & KENDRICK  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

00000232-32891-1  
03/30/99-01031-019  
\*\*\*\*526.25 \*\*\*\*526.25  
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)

TROPICAL KING CORPORATION

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

7305 EGYPT LAKE DRIVE

11b. City, State & Zip Code

TAMPA FL 33614

11c. Registration/  
Document Number

P95000033443

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 3-15-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)