

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

FILED

97 DEC 30 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000678

DEVELOPMENTAL DESIGNS, LTD.

Mailing Address

POST OFFICE BOX 140009  
GAINESVILLE FL 32614-0009

Principal Office Address

~~4010 NW 25TH PLACE~~  
~~GAINESVILLE FL 32606~~

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

6793 W. Newberry Rd.

Suite, Apt. #, etc.

#352

City & State

Gainesville, FL

Zip

Country

32605

USA

3. Date Formed or Registered

04/24/1995

3a. Date of Last Report

12/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$600,000.00

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

\$30,000.00

6. FEI Number

59-3350435

☐ 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

LAWSON, PHILIP A

~~4010 NW 25TH PLACE~~  
~~GAINESVILLE FL 32606~~

10. If changed, new Registered Agent/Office

Name

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

6793 W. Newberry Rd.

Suite, Apt. #, etc.

#352

City

Gainesville

FL Zip Code  
32605

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)

LAWSONICS, INC.

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

~~4010 NW 25TH PLACE~~  
6793 W. Newberry Rd.  
#352

11b. City, State & Zip Code

~~GAINESVILLE FL 32606~~  
Gainesville, FL 32605

11c. Registration/  
Document Number

H13772

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-01/15/98--01119--024  
\*\*\*\*318.75 \*\*\*\*313.75

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 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

Philip A. Lawson President, Lawsonics, Inc

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form

Philip A. Lawson

Daytime Telephone Number 352-332-5723

CR2E003 (6/97)