

A95000001046

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

ATTORNEYS AT LAW
291 NORTH OATES STREET
DOTIEN, ALABAMA 36303-4555

G. DAVID JOHNSTON
WILLIAM W. HINESLEY*
WILLIAM T. FLOWERS
R. EUGENE CLENNEY, JR.**

J. KEN THOMPSON

*ALSO ADMITTED IN GEORGIA AND NORTH CAROLINA
**ALSO ADMITTED IN TEXAS

MAILING ADDRESS:
POST OFFICE BOX 2246
DOTIEN, ALABAMA 36302

(334) 793-1115

FAX (334) 793-6603

July 7, 1995

500001534015
-07/11/95--01007--003
*****87.50 *****87.50

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

RE: Certificate of Limited Partnership

Dear Sir or Madam:

Enclosed please find the original and two copies of the captioned document for recording. Also enclosed please find our check number 8874 in the amount of \$87.50 to cover the required filing fees. Please bill us (or remit to us as the case may be) for any difference, if the remitted amounts are in error, and return the copies signifying that the original document has been recorded to the above address at your earliest convenience.

Very truly yours,

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

R. Eugene Clenney, Jr.
R. Eugene Clenney, Jr.

FILED
1995 JUL 10 11:00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	REC/vsp
Availability	7/13/95 dec
Document	Enclosures
Examiner	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

A95000001046

TC
\$100.00

STATE OF FLORIDA)
)
JACKSON COUNTY)

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. **NAME OF LIMITED PARTNERSHIP.** The name of the Limited Partnership is **GARRISON S. COWEN FAMILY LIMITED PARTNERSHIP.**

2. **OFFICE FOR MAINTENANCE OF BUSINESS RECORDS.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 5089 Old Hickory Circle, Marianna, Florida 32446.

3. **AGENT FOR SERVICE OF PROCESS.** The name and address of the Partnership's agent for service of process in Florida is Garrison S. Cowen, 5089 Old Hickory Circle, Marianna, Florida 32446.

4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Business Address</u>
Garrison S. Cowen	5089 Old Hickory Circle Marianna, Florida 32446
Julie Rungee Cowen	5089 Old Hickory Circle Marianna, Florida 32446

5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 5089 Old Hickory Circle, Marianna, Florida 32446.

FILED
JUL 10 AM 10:00
ISSUED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. DATE OF DISSOLUTION. The latest date on which the Limited Partnership is to dissolve is December 31, 2020.

Dated: June 22, 1995.
Dothan, Alabama

Garrison S. Cowen
Garrison S. Cowen

Julie Rungee Cowen
Julie Rungee Cowen

FILED
1995 JUL 10 AM 10 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of GARRISON S. COWEN FAMILY LIMITED PARTNERSHIP, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Garrison & Julie Cowen Children's Trust	\$100

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Garrison & Julie Cowen Children's Trust	-0-

Dated: June 22, 1995
Dothan, Alabama

Garrison S. Cowen
Garrison S. Cowen

Julie Rungee Cowen
Julie Rungee Cowen

FILED
1995 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF ALABAMA)
)
HOUSTON COUNTY)

I, R. Eugene Cowen Notary Public in and for said County in said State, hereby certify that GARRISON S. COWEN and JULIE RUNGEE COWEN, whose names are signed to the foregoing instrument, and who are known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this 22nd day of June, 1995.

R. Eugene Cowen
Notary Public

My Commission Expires: 2-23-99

Having been named as registered agent and to accept service of process for the above-named limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated June 22, 1995.

Garrison S. Cowen
Garrison S. Cowen

FILED
1995 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARTNER.AGRICOWEN_B.L.P.A

**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 Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
NOV 13 PM 11:27
TALLAHASSEE, FL

1. Name of Limited Partnership
Garrison S. Cowen Family Limited Partnership

1a. DOCUMENT #
A9500001046

Mailing Address
**5089 Old Hickory Circle
Marianna, FL 32446**

Principal Office Address
**5089 Old Hickory Circle
Marianna, FL 32446**

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

3. Date Formed or Registered to Do Business in FLORIDA
07/10/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
100.00

5b. Amount of Capital Contributions in FLORIDA to date
0 -

6. FID Number
57-3326619

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$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 607.183, F.S.)
THIS AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$118.75) AND NO MORE THAN \$578.25 (\$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

PAID 12/15

9. Name and Address of Current Registered Agent

**Garrison S. Cowen
5089 Old Hickory Circle
Marianna, FL 32446**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
State, 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 Number)	11b. City, State & Zip Code	11c. Registration/Document Number
Garrison S. Cowen	5089 Old Hickory Circle	Marianna, FL 32446	==
Julie R. Cowen	5089 Old Hickory Circle	Marianna, FL 32446	==

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

Garrison S. Cowen

DATE

12/8/95

Typed or Printed Name of General Partner Signing Form

GARRISON S. COWEN

Telephone Number

(904) 482-7333

CR2ED03 (6/95)

A95000001046

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

ATTORNEYS AT LAW
291 NORTH OATES STREET
DOTHAN, ALABAMA 36103-4555

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**ALSO ADMITTED IN TEXAS

MAILING ADDRESS:
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DOTHAN, ALABAMA 36102

(334) 793-1115

FAX (334) 793-6603

December 20, 1995

000001668160
-12/21/95--01083--008
*****52.50 *****52.50

Florida Department of State
Business Division
409 East Gaines Street
Tallahassee, Florida 32399

VIA FEDERAL EXPRESS

RE: Cancellation of Certificate of Limited Partnership of
Garrison S. Cowen Family Limited Partnership (Document
#A95000001046/Cancellation of Certificate of Limited
Partnership of Robert C. Cowen, Jr. Family Limited
Partnership (Document #A95000001034)

Dear Sir or Madam:

Enclosed please find the original and one copy of each of the captioned documents for recording in your offices. I am also enclosing our firm's check numbers 9552 and 9553, each in the amount of \$52.50, to cover the required filing fees.

After recording, please forward the stamped copies to me at the above address. Should you have any questions, please do not hesitate to call.

Very truly yours,

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

R. Eugene Clenney, Jr.

A95000001046

Availability	
Document	
REC/vsp	
Enclosures	
Verify	

95 DEC 22 10 30 AM
FILED
TALLAHASSEE
FLORIDA

CANCELLATION OF CERTIFICATE OF
LIMITED PARTNERSHIP OF
GARRISON S. COWEN FAMILY LIMITED PARTNERSHIP
(Document #A95000001046)

We, the undersigned General Partners of GARRISON S. COWEN FAMILY LIMITED PARTNERSHIP (Document #A95000001046), whose Certificate of Limited Partnership was filed July 10, 1995, in the office of the Florida Department of State, hereby cancel that Certificate of Limited Partnership.

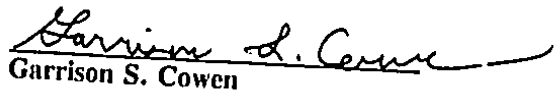
The Certificate of Limited Partnership is cancelled for the following reason: The Limited Partnership was dissolved on December 12, 1995.

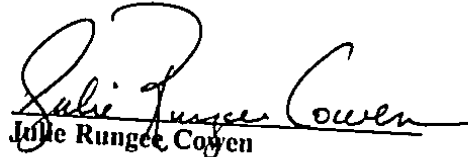
The effective date of this cancellation is December 31, 1995.

The undersigned are all of the General Partners of the Limited Partnership.

Dated: December 20, 1995.

FILED
95 DEC 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Garrison S. Cowen


Julie Runge Cowen