FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

99 JAN 11 AM 11:13

1. Name of Limited Partnership

1a. DOCUMENT # A95000001423

OPTION INCOME FUND, LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
1400 GRASSLANDS BLVD #1 LAKELAND, FL 33803	1400 GRASSLANDS BLVD. #1 LAKELAND, FL 33803

3. Date Formed or Registered: 09/25/1995

3a. Date of Last Report: 01/06/98

4. State or Country of Formation: FL

5a. Capital Contributions as Stated on Record: 150,000

5b. Amount of Capital Contributions in FLORIDA Dollars: 130,000

2. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Principal Office Address — Suite, Apt. #, etc. — City & State — Zip — Country

6. FEI Number: 59-3330284 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Department of State (See reverse side for Service Charges) $26.25

9. Name and Address of Current Registered Agent

TURNER, JOHN A
1400 GRASSLANDS BLVD. #1
LAKELAND, FL 33803

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Normally Is Not Acceptable)
Suite, Apt. # etc.
City **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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Resident / Non-Resident Agent(s)
TURNER, JOHN A	1400 GRASSLANDS BLVD. #1	LAKELAND, FL 33803	

CR2L203 (9/95)

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 truthful and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public record. 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 (or owner or duly empowered to execute this report as required by chapter 620, Florida Statutes).

SIGNATURE John A Turner DATE 1-7-99

Typed or Printed Name of General Partner Signing Form JOHN A TURNER Daytime Telephone Number 941 686-7303