## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

THE SCALES LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9500001452** 

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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28. Purious Actives  Suite. Apt. F. etc.  Suite. Ap	Mailing Address 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073	Enropal Office Address 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073		3. Date Formed or Registered 09/25/1995 3a. Date of Last Report 03/11/1996	\$1,0	Contributions as on record.  000,000.00  Int of Capital putions in FLORIDA
Separate State  City & City & State  City &	2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	10 0416	,
Three S'S FARMS, INC.  29. Country  70. Country  71. Certificate of Status Desired  88. Marc check appatitute to Dept of Status (See reverse size for for information)  9. Name and Address of Current Registered Apent  10. It changes now Registered Apent(Office)  SCALES, DAVID F  2723 E HOLLY POINT ROAD  ORANGE PARK FL 32073  Solde Apr. 8, etc.  510-510-510-510-510-510-510-510-510-50-510-51	Suite, Apt. #, etc.	·		6. FEI Number 59-3346519		
9. Name and Address of Current Registered Agent  10. If changed new Registered Agent/Office  SCALES, DAYID F 2723 E. HOLLY POINT ROAD  ORANGE PARK FL 32073  10a. Pursuant to the processor of vicinity of the processor of the State of Portice State State State of Portice State State State State S		, in the second		7. Certificate of Status Desired		\$8.75 Additional
SCALES, DAMD F 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073  Salle, Apt. #, etc	Zip Country	Zip	Country	8. Make check payable to: Dept. o	of State (See reve	
SCALES, DAMD F 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073  Suite, Apr. #, etc	9. Name and Address of	Current Registered Agent	<u> </u>	10. If changed, new Registere	ed Agent/Office	
Street Address (P.O. Box Number to Not Acceptable)  ORANGE PARK FL 32073  Sub. Apr. #, etc.  Apr. #, etc.  Apr. #, etc.  Sub. Apr. #, etc.  Apr. #,			Name		<del>-</del>	
Three S's Farms, Inc.  10a. Pursuant to the provisions of sections (20 165) and 620 192 Fonds 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 to both in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent and accept the change and profit in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent and accept the change and partnership organized or registered agent appointment of registered agent appointment of registered agent and accept the appointment of registered agent and accept the appointment of registered agent appointment of the appoin	2723 E. HOLLY POINT ROAD		Street Address (P.O. Bo	ox Number Is Not Acceptable)		
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Founds Statutes, the above-named imited pertnership organized or registered under the lases of the State of Rorida, submits this statement for the purpose of changing its registered docs or registered agent or both, in the State of Forida. Such change was authorized by its gaveral partner(s). Thereby accept the appointment of registered agent Accepting Agrantments.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Nank(s) of General Partner(s).  11a. (Qu'hos of Isan Port Office So Numbers). 11b. Cey. State & 2tp. Code. 11c. Registration.  THREE S'S FARMS, INC.  2723 E. HOLLY POINT R. ORANGE PARK FL 32073. P95000070844  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby cert ty that the information supplied with this firing is voluntarily ternished and does not qualify for the exemption stated in Section 119.07(3)(in), Froida Statutes. I release the Division of Corporations from any lisability of non compliance with Section 119.07(3)(in) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the aircraft apropriate role accounts and their may separations from they separate partner have the same legal stellar as if made under cash. I further certify that it are a General Partner of the imitted partnership, receiver or trustee encovered to execute this report is required by changes again and the service of the information indicated on the aircraft apropriate the service of the information indicated on the aircraft apropriate reports of the accounts and the rain segment are fairly than the information indicated on the encovered to execute this report of the infinited partnership, receiver or trustee encovered to execute this report of the original partnership. Provided that the formation indicated on the provi	OHANGE PARK FL 32073			-12/06	379601	
Three Sts FARMS, INC.  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  11. Name(s) of General Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby cert y that the intermedian supplied with this fring is voluntably in the core; that the intermedian each form that an undergone to see that the intermedian each form the samulate propose to see and accounts and to any signature of the samulate propose to see any service of the samulate propose to see any signature.  SIGNATURE  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature  Typed or Printed Name of General Partner Signing Form. PART Designation Signature			City	****5	76.24	<b>####### 76 , 25</b>
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do hereby cent y that the information supplied with this firing 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 trust my signature shall have the same legal elifests as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter \$70, Florida Spitutes.  SIGNATURE  DATE  DATE  DATE  Desprime Telephone Number(2014 - 3994 - 03995)	for the purpose of changing its registered agent. I am familiar with, and accept the o SIGNATURE (Registered Agent Accepting Appoint	egalions of section 620 192, Florida Statutes.		DATE		
12. I do hereby cert fy that the information supplied with this firing 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 shat 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 truster empowered to execute this report as required by chapter 900, Florida Settutes.  SIGNATURE  Typed or Printed Name of General Partner Signing Form. DAVID F. SCALES  Daytime Telephone Number 10.4 - 3194 - 08.95	for the purpose of changing its registered agent. Familiar with, and accept the output the Gregistered Agent Accepting Appoint A GENERAL PARTNER T	pigalions of section 620 192, Florida Statutes.  HAT IS A CORPORATION, I	LIMITED PART ID ACTIVE WIT	NERSHIP OR OTHE	ER BUSII	NESS ENTITY  Registration/
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 triat my signature shall have the same legal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Satutes.  SIGNATURE  Typed or Printed Name of General Partner Signing Form. DAVID F. SCALES.  Daytime Telephone Number 90.4 - 3199 - 08.95	for the purpose of changing its registered agent. Lam familiar with, and accept the or SIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T	nent)  HAT IS A CORPORATION, I MUST BE REGISTERED AN  Address of Each Genor.  11a. (Do NOT Use Post Office B	LIMITED PART ID ACTIVE WIT al Partner lox Numbers) 11b.	DATE NERSHIP OR OTHE IN THIS OFFICE. City, State & Zip Code	ER BUSII	NESS ENTITY  Registration/ Document Number
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