

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
50 JAN 27 PM 6:30

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001493

THE CHARLES BLAKE FAMILY LIMITED PARTNERSHIP

99-AB
CM

Mailing Address

12995 CLEVELAND AVE., S107
FT. MYERS FL 33907

Principal Office Address

12995 CLEVELAND AVE., S107
FT. MYERS FL 33907

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

10/05/1995

3a. Date of Last Report

01/16/1998

4. State or Country of Formation

FL

6. FEI Number

65-0615945

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$15,000.00

5b. Amount of Capital
Contributions in FLOPS (1A)
to date

☐ Applied For
☐ Not Applicable

☐ \$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

CODY, LADONNA J
1449 FIRST ST.
FT. MYERS FL

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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)

HESELBACHER, JUDITH G

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

12995 CLEVELAND AVE.,

11b. City, State & Zip Code

FORT MYERS FL 33907

11c. Registered
Document Number

10000027055311 -- 4
-02/05/99--01008--000
****141.25 ****141.25
10000027055311 -- 4
-02/05/99--01008--010
****52.50 ****52.50

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

Judith G. Hesselbacher

DATE 12/21/98

Typed or Printed Name of General Partner Signing Form Judith G. Hesselbacher

Daytime Telephone Number 941-275-0285

CR2E003 (8/98)