

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

904-222-9171

904-222-9171

A95000001698

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV -8 AM 11:27

ACCOUNT NO. : 072100000032

REFERENCE : 730371 5312A

AUTHORIZATION :

COST LIMIT : 9

ORDER DATE : November 8, 1995

ORDER TIME : 10:08 AM

ORDER NO. : 730371

CUSTOMER NO: 5312A

CUSTOMER: Michael D. Annis, Esq
ANNIS MITCHELL COCKEY EDWARDS
& ROEHN, P.A.
P. O. Box 3433

Tampa, FL 33601

300001637483
-11/15/95--01107--007
***1837.50 ***1793.75

TAX
FILING
N. AGENT FEE 1750.00
N. COPY CV 35.00
TOTAL 1785.00
N. BANK 1793.75
BALANCE DUE
REFUND

DOMESTIC FILING

NAME: DISMUKE FAMILY LIMITED
PARTNERSHIP

ARTICLES OF INCORPORATION
X CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
X PLAIN STAMPED COPY
X CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

11/8/95
B/K

**CERTIFICATE OF LIMITED PARTNERSHIP OF
DISMUKE FAMILY LIMITED PARTNERSHIP**

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV -8 AM 11:27

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. Name of Limited Partnership. The name of the Limited Partnership shall be **DISMUKE FAMILY LIMITED PARTNERSHIP**.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Section 620.106, Florida Statutes, shall be located at 807 Alta Vista Drive, Haines City, Florida 33844, and the name of the Limited Partnership's agent for service of process at said address is **J. NORMAN DISMUKE**.

3. Name and Business Address of the General Partner.

(a) The name and address of the General Partner is as follows:

<u>Name</u>	<u>Address</u>
J. Norman Dismuke	807 Alta Vista Drive Haines City, Florida 33844

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be 807 Alta Vista Drive, Haines City, Florida 33844.

5. Term. The term for which the Limited Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the **DISMUKE FAMILY LIMITED PARTNERSHIP**.

Dated this 15 day of September, 1995.

GENERAL PARTNER:


J. NORMAN DISMUKE

STATE OF FLORIDA

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 13th day of September, 1995, by J. NORMAN DISMUKE, who is personally known to me or who has produced FL DR LICENSE DD52 424 26 142 000 as identification.



Carolyn Ann Kelley
NOTARY PUBLIC
Name: CAROLYN ANN KELLEY
Serial No. CC 327653
My Commission Expires: 12-3-97

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

J. Norman Dismuke
J. NORMAN DISMUKE

2744-003-291194

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -8 AM 11:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -8 AM 11:27

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, J. NORMAN DISMUKE, the general partner of the DISMUKE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The limited partners have contributed \$ 441,500.00 of capital to the Partnership.

2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

Dated this 13 day of September 1995.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

J. Norman Dismuke
J. NORMAN DISMUKE

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 13th day of September, 1995, by J. NORMAN DISMUKE, as the General Partner of the DISMUKE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of the limited partnership. He is personally known to me or produced FL DR LICENSE D252-44-26-1430 (exp 4-23-98) as identification.



Carolyn Ann Kelley
NOTARY PUBLIC
Name: CAROLYN ANN KELLEY
Serial No. CC 327663
My Commission Expires: 12-3-97

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 DEC -7 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001698

Dismuke Family Limited Partnership

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite Apt # etc 200001658162

City, State & Zip -12/11/95 01001-005
***576.25 ***576.25

2a. New Principal Office Address, If Applicable

Suite Apt # etc

City, State & Zip

Mailing Address

Principal Office Address

P. O. Box 1385 807 Alta Vista Drive
Haines City, FL 33844 Haines City, FL 33844

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

3. Date Formed or Registered to Do Business in
FLORIDA
11/8/95

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record

5b. Amount of Capital Contributions in
FLORIDA to date
\$441,500.00

6. FEI Number

XX Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$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.

9. Name and Address of Current Registered Agent

J. Norman Dismuke
807 Alta Vista Drive
Haines City, Florida 33844

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number 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. Registration
Document Number

J. Norman Dismuke

807 Alta Vista Dr.

Haines City, FL
33844

AR - \$437.50
SF - \$138.75

12-8-95a

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: J. Norman Dismuke

DATE: 11-28-95

Typed or Printed Name of General Partner Signing Form

J. Norman Dismuke

Telephone Number 941-422-4981