

A95000001947



GARRETT GROUP

United States
384 S. Military Trail
Deerfield Beach, Florida 33442
(305) 480-8543 / fax: (305) 698-0057

United Kingdom
10-16 Cole Street
London SE1 4YH
(071) 357-0307 / fax: (071) 357-0347

December 8, 1995

Secretary of State
Business Filing Division
409 E. Gaines St.
Tallahassee, Fl 32399

1995 DEC 12 PM 12 00
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Dear Sir/Madam:

Enclosed is a check for \$87.50 to cover the filing fees following limited partnership:

Beveridge Family Limited Partnership

Please return completed forms to the address above.

Sincerely,

Beverly Sanders
Manager

900001660079
-12/12/95--01089--001
*****87.50 *****87.50

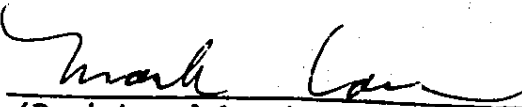
Name	12/14/95
Availability	acc
Document Examiner	DCC
Manager	DCC
Manager Verifier	D
Acknowledgement	DCC
W. P. Verifier	DCC

A95000001947

TC
\$1,000.00

CERTIFICATE OF LIMITED PARTNERSHIP
OF

BEVERIDGE FAMILY LIMITED PARTNERSHIP

1. Beveridge Family Limited Partnership
(Name of Limited Partnership: must cont in a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 104 Twin Lakes Dr., Dothan, AL 36301
(The Business Address of Limited Partnership)
3. Mark Lauer
(Name of Registered Agent for Service of Process)
4. 360 S. Military Trail, Deerfield Beach, Fl 33442
(Florida street address)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. 104 Twin Lakes Dr., Dothan, AL 36301
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

FILED
1995 DEC 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | 8. NAME OF GENERAL PARTNER(S) | SPECIFIC ADDRESS |
|-------------------------------|--|
| Clarence Beveridge | 104 Twin Lakes Dr.
Dothan, AL 36301 |
| Shirley J. Beveridge | 104 Twin Lakes Dr.
Dothan, AL 36301 |

Signed this 6 day of DECEMBER, 1995

Signature of all general partners:

x Clarence B. Smith
General Partner

General Partner

General Partner

x Henry J. Bivens
General Partner

General Partner

General Partner

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

1995 DEC 12 PM 12:00

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Beveridge Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 6 day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER

x Clarence Beveridge
Clarence Beveridge

GENERAL PARTNER

x Shirley J. Beveridge
Shirley J. Beveridge

FILED
1995 DEC 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAR 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
1a. DOCUMENT #
A95000001947

BEVERIDGE FAMILY LIMITED PARTNERSHIP *96-AR*
CM

Mailing Address: **104 TWIN LAKES DRIVE
DOTHAN AL 36301**
Principal Office Address: **104 TWIN LAKES DRIVE
DOTHAN AL 36301**

2. New Mailing Address, If Applicable

State, Apt #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

State, Apt #, etc.

City, State & Zip

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: **12/12/1995**
3a. Date of Last Report
4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on Record: **\$1,000.00**
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number: **N/A**

7. CERTIFICATE OF STATUS REQUIRED
Applied For:
Not Applicable: **\$8.75 Additional Fee required for 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 007.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$43.75 + \$138.75)
Note: If the amount entered in 5a is greater than amount entered in 5b, 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
LAUER, MARK
360 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. If changed, new Registered Agent/Office
Name: _____
Street Address (P.O. Box Number is Not Accepted): **000001753060**
City, State & Zip: **03/21/96--01084--012**
*****191.25 ***191.25**
City: _____
State: **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
BEVERIDGE, CLARENCE	104 TWIN LAKES DR	DOTHAN AL 36301	
BEVERIDGE, SHIRLEY J	104 TWIN LAKES DR	DOTHAN AL 36301	

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: *Clarence E. Beveridge* DATE: *2/27/96*
Typed or Printed Name of General Partner Signing Form: *CLARENCE E. BEVERIDGE* Telephone Number: *334-671-7702*

CR2E003 (1/1/95)