2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000002056

1. Entity Name

THE ALLEN C. WILLIAMS, SR. FAMILY LIMITED PARTNERSHIP

Principal Place of Business
720 SOUTH "C" STREET
PENSACOLA FL 32501

Mailing Address
720 SOUTH "C" STREET
PENSACOLA FL 32501

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E003 (11/03)

4. FEI Number 59-3351560 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ALLEN C SR.
720 SOUTH "C" STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $490,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	WILLIAMS, ALLEN C SR.		
STREET ADDRESS	720 SOUTH "C" STREET	CITY-ST-ZIP	
CITY-ST-ZIP	PENSACOLA FL 32501		
DOCUMENT #		STREET ADDRESS	
NAME	WILLIAMS, MARY E		
STREET ADDRESS	720 SOUTH "C" STREET	CITY-ST-ZIP	
CITY-ST-ZIP	PENSACOLA FL 32501		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: A C Williams Sr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date 2-4-04 — Daytime Phone # 850 432-4191