

A9500002085

**PULLUM & PULLUM, P. A.**  
ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM  
MARYBETH L. PULLUM

POST OFFICE BOX 492160  
SUITE 701 FIRST FAMILY OAKS  
1330 W. CITIZENS BLVD.  
LEESBURG, FLORIDA 34749-2160  
TELEPHONE (904) 720-3060  
FAX (904) 728-0003

December 20, 1995

Corporate Records Bureau  
Division of Limited Partnerships  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

900001668159  
-12/21/95--01083--007  
\*\*\*1837.50 \*\*\*1837.50

Re: RUTH D. SCHWENK FAMILY PARTNERSHIP

Gentlemen:

Find enclosed a check in the amount of \$1,837.50 to cover the following fees of your office.

Filing Fee	\$1,750.00
(\$800,000 invested capital)	
Certified Copy	52.50
Filing Resident Agent Form	35.00

We enclose original and one copy of Certificate of Limited Partnership of this proposed Limited Partnership, Affidavit of Capital Contributions and executed resident agent form. Please endorse your approval on the copy of the Certificate of Limited Partnership, certify same and return to us, together with acknowledgement of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,

*Linda H. Hutson*

Linda H. Hutson  
Legal Assistant

Linda gave  
authorization  
to add  
"A Limited  
Partnership"  
to the name.

12/28/95
Dec
/lhh
Enclosures
(9571et.lhh)
W. P. Pullum

Tc  
\$799,800.00

A9500002085

CERTIFICATE OF LIMITED PARTNERSHIP  
RUTH D. SCHWENK FAMILY PARTNERSHIP  
A LIMITED PARTNERSHIP

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. **NAME OF LIMITED PARTNERSHIP.** The name of the Limited Partnership is **RUTH D. SCHWENK FAMILY PARTNERSHIP. A LIMITED PARTNERSHIP**

2. **OFFICE FOR MAINTENANCE OF BUSINESS RECORDS.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is c/o CITIZENS NATIONAL BANK OF LEESBURG, TRUST DEPARTMENT, P. O. Box 490047, Leesburg, Florida 34749-0047.

3. **AGENT FOR SERVICE OF PROCESS.** The name and address of the Partnership's agent for service of process in Florida is J. STEPHEN PULLUM, 1330 West Citizens Blvd., Suite 701, Leesburg, Florida 34748.


4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Address</u>
RUTH D. SCHWENK	124 Jacaranda Trail Leesburg, FL 34748
JOHN HARMON, JR.	3505 Cormorant Point Drive Sebring, FL 33872

5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 124 Jacaranda Trail, Leesburg, FL 34748.

6. **DATE OF DISSOLUTION.** The latest date on which the Limited Partnership is to dissolve is 30 years from the effective date of this Limited Partnership.

Dated: December 18, 1995  
Leesburg, Florida

  
\_\_\_\_\_  
RUTH D. SCHWENK

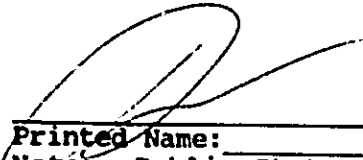
  
\_\_\_\_\_  
JOHN HARMON, JR.

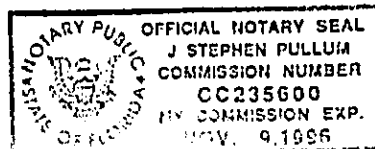
"General Partners"

FILED  
DEC 21 AM 10:30

STATE OF FLORIDA  
COUNTY OF LAKE

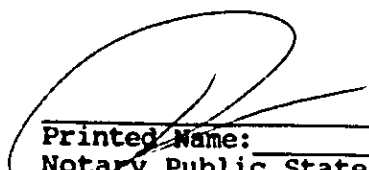
The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of December, 1995, by RUTH D. SCHWENK, as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_

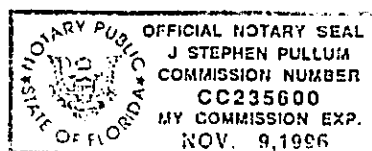
  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of December, 1995, by JOHN HARMON, JR., as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



(957CLP.1hh)

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the RUTH D. SCHWENK FAMILY PARTNERSHIP A LIMITED PARTNERSHIP, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
RUTH D. SCHWENK	\$799,800
JOHN HARMON, JR.	NONE

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
RUTH D. SCHWENK	NONE
JOHN HARMON, JR.	NONE

Dated: December 18, 1995  
Leesburg, Florida

*Ruth D. Schwenk*

RUTH D. SCHWENK

*John Harmon, Jr.*  
JOHN HARMON, JR.

"General Partners"


STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of December, 1995, by RUTH D. SCHWENK, as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as

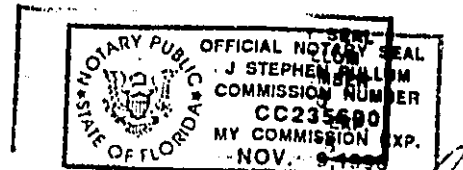
FILED  
DEC 21 AM 10:30  
CLERK OF DISTRICT COURT  
LEESBURG, FLORIDA

identification, or \_\_\_\_\_ produced other identification, to wit:

\_\_\_\_\_.


  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LAKE

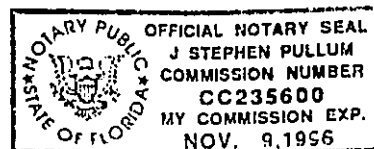


The foregoing instrument was acknowledged before me this 2nd day of December, 1995, by JOHN HARMON, JR., as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit:

\_\_\_\_\_.

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(957ACC.1hh)



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED.**

**IN COMPLIANCE WITH SECTION 48.061, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:**

FIRST-- THAT RUTH D. SCHWENK FAMILY PARTNERSHIP A  
LIMITED PARTNERSHIP DESIRING TO ORGANIZE OR QUALIFY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS  
AT CITY OF LEESBURG, STATE OF FLORIDA, HAS NAMED J. STEPHEN PULLUM,  
LOCATED AT 1330 WEST CITIZENS BLVD., SUITE 701, CITY OF LEESBURG,  
STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN  
FLORIDA.

SIGNATURE

J. Stephen Pullum, Jr.  
(General Partner)

TITLE

General Partner

DATE

12-20-75

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, 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.

SIGNATURE

[Signature]  
(Resident Agent)

DATE

12-20-75

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED

96 JAN 22 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

RUTH D. SCHWENK FAMILY  
PARTNERSHIP, A LIMITED PARTNERSHIP

A95000002085

Mailing Address

Principal Office Address

124 Jacaranda Trail  
Leesburg, FL 34748

Suite, Apt # etc.

City, State & Zip

2a. New Principal Office ~~314/257-98~~ 1011-015

Suite, Apt # etc.

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  
December 21, 1995

3a. Date of Last Report  
N/A

4. State or Country of Formation  
Florida

City, State & Zip

5a. Capital Contributions as Shown  
on Record  
\$799,800.00

5b. Amount of Capital Contributions in  
FLORIDA to date  
\$799,800.00

6. FEI Number

X

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 \$51.00 and a maximum of \$437.00  
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

10. If changed, new Registered Agent/Office

J. Stephen Pullum  
1330 West Citizens Blvd., Suite 701  
Leesburg, FL 34748

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

Ruth D. Schwenk  
John Harmon, Jr.

124 Jacaranda Trail  
3505 Cormorant Point  
Drive

Leesburg, FL 34748  
Sebring, FL 33872

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

*John Harmon, Jr.*

DATE January 18, 1996

Typed or Printed Name of General Partner Signing Form

John Harmon, Jr.

Telephone Number

352-728-3060

CR2E003 (6/95)

# A95000002085

**PULLUM & PULLUM, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 10 PM 3:49

J. STEPHEN PULLUM  
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS  
1330 W. CITIZENS BLVD.  
LEESBURG, FLORIDA 34748

TELEPHONE (352) 728-3060

FAX (352) 728-0003

September 8, 1997

900002288839---1  
-09/10/97-01026-001  
\*\*\*\*105.00 \*\*\*\*105.00

Corporate Records Bureau  
Division of Limited Partnerships  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: RUTH D. SCHWENK FAMILY LIMITED PARTNERSHIP**

Gentlemen:

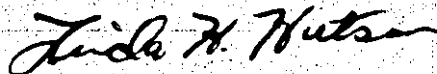
Find enclosed our firm's check in the amount of \$105.00 to cover the following fees of your office.

Filing Cancellation of Certificate of Limited Partnership	\$52.50
Certified Copy	52.50

We enclose original and one copy of Cancellation of Certificate of Limited Partnership of this Limited Partnership. Please endorse your approval on the copy of the Cancellation of Certificate of Limited Partnership, certify same and return to us.

Thank you for your attention to the above.

Very truly yours,



Linda H. Hutson  
Legal Assistant

Enclosures  
(Docs2\Schwenk\SecState.lhh)

A95-2085

RWM



**PULLUM & PULLUM, P.A.**  
**ATTORNEYS AND COUNSELORS AT LAW**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 10 PM 3:49

**J. STEPHEN PULLUM**  
**MARYBETH L. PULLUM**

**SUITE 701 FIRST FAMILY OAKS**  
**1330 W. CITIZENS BLVD.**  
**LEESBURG, FLORIDA 34748**

**TELEPHONE (352) 728-3060**

**FAX (352) 728-0003**

**September 15, 1997**

**Corporate Records Bureau**  
**Division of Limited Partnerships**  
**Department of State**  
**Post Office Box 6327**  
**Tallahassee, FL 32314**

**Attention: Kenny Manning, Corporate Specialist**

**Re: RUTH D. SCHWENK FAMILY LIMITED PARTNERSHIP**

**Dear Kenny:**

Pursuant to your letter of September 11, 1997, enclosed please find the original and one copy of the amended Cancellation of Certificate of Limited Partnership of Ruth D. Schwenk Family Limited Partnership. Please endorse your approval on the copy of the Cancellation of Certificate of Limited Partnership, certify same and return to us.

Please be advised that John Harmon, individually, and as Personal Representative of the Estate of Ruth D. Schwenk, is the sole General Partner of the Partnership. This is stated in the document.

Thank you for your attention to the above.

Very truly yours,



**Linda M. Hutson**  
**Legal Assistant**

**Enclosures**  
**(Docs2\Schwenk\SecStlet.lhh)**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 10 PM 3:49

September 11, 1997

**PULLUM & PULLUM, P.A.**  
**ATTN: LINDA H. HUTSON**  
**P. O. BOX 492160**  
**LEESBURG, FL 34749-2160**

**SUBJECT: RUTH D. SCHWENK FAMILY PARTNERSHIP A LIMITED PARTNERSHIP**  
Ref. Number: A95000002085

We have received your document for RUTH D. SCHWENK FAMILY PARTNERSHIP A LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the date of filing of its original certificate of limited partnership. Our records reflect the original certificate was filed on December 21, 1995. Please amend your document accordingly.

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Kenny Manning  
Corporate Specialist

Letter Number: 497A00045252

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 10 PM 3:49

**CANCELLATION OF  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
RUTH D. SCHWENK FAMILY LIMITED PARTNERSHIP**


The undersigned, the sole General Partner of the RUTH D. SCHWENK FAMILY LIMITED PARTNERSHIP, whose Certificate of Limited Partnership was filed on December 21, 1995, in the Office of the Florida Department of State, hereby cancels that Certificate of Limited Partnership.

The Certificate of Limited Partnership is cancelled for the following reason: The business of the Limited Partnership has been completed, there are no partnership assets remaining, and the Partnership no longer has any Limited Partners.

Cancellation of the Certificate of Limited Partnership shall be effective upon the filing of this Cancellation of Certificate of Limited Partnership.

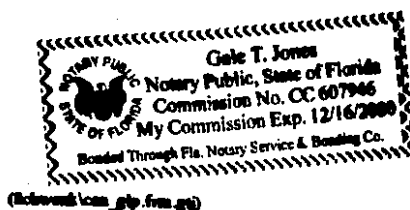
The undersigned is the sole General Partner of the RUTH D. SCHWENK FAMILY LIMITED PARTNERSHIP.


Dated FEB 17, 1997.

  
JOHN HARMON, General Partner  
Ruth D. Schwenk Family  
Limited Partnership  
and as Personal Representative  
of the Estate of Ruth D. Schwenk  
General Partner

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of February, 1997, by JOHN HARMON, who (CHECK ONE) is personally known to me OR produced as identification.



  
Notary Public  
Gale T. Jones  
(Printed Name of Notary)  
My Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_