

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 18 AM 10:05

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000002085**

**RUTH D. SCHWENK FAMILY PARTNERSHIP A LIMITED PARTNERSHIP**



Mailing Address

**424 JACARANDA TRAIL  
LEESBURG FL 34748**

Principal Office Address

**424 JACARANDA TRAIL  
LEESBURG FL 34748**

3. Date Formed or Registered

**12/21/1995**

5a. Capital Contributions as Shown on record

**\$799,800.00**

3a. Date of Last Report

**01/22/1996**

5b. Amount of Capital Contributions in FLORIDA to date

**\$799,800.00**

4. State or Country of Formation

**FL**

2. Mailing Address

**P. O. Box 490047**

2a. Principal Office Address

**1211 W. North Blvd.**

Suite, Apt #, etc. **Citizens National Bank, Trust Department**

City & State

**Leesburg, FL**

Suite, Apt #, etc. **c/o Citizens National Bank, Trust Department**

City & State

**Leesburg, FL**

6. Fed Number **59-3364891**

**APPLIED FOR**

Applied For  
 Not Applicable

7. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip Country

**34749-0047**

Zip Country

**34748**

8. Make check payable to Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**PULLUM, J. STEPHEN  
1330 WEST CITIZENS BLVD., SUITE 701  
LEESBURG FL 34748**

*wp 12/26*

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)

**SCHWENK, RUTH D  
HARMON, JOHN JR**

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

**124 JACARANDA TRAIL  
3505 CORMORANT POINT**

11b. City, State & Zip Code

**LEESBURG FL 34748  
SEBRING FL 33872**

11c. Registration Document Number

**200002039382--1  
-12/27/96--01060--012  
\*\*\*\*578.25 \*\*\*\*578.25**

**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* GENERAL PARTNER

DATE

**12-10-96**

Typed or Printed Name of General Partner Signing Form

**JOHN HARMON**

Daytime Telephone Number

**352-326-7704**

CR2E003 (6/96)