

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 20 AM 11:02

x 12/27



1. Name of Limited Partnership APALACHEE ENTERPRISES, LTD.	1a. DOCUMENT # A96000001240
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Mailing Address 215 SOUTH MONROE STREET, SUITE 320 TALLAHASSEE FL 32301	Principal Office Address 215 SOUTH MONROE STREET, SUITE 320 TALLAHASSEE FL 32301	3. Date Formed or Registered 06/28/1996	5a. Capital Contributions as Shown on record. \$24,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-3312233 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent OWEN, WILLIAM C 215 SOUTH MONROE STREET, SUITE 320 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) OWEN, WILLIAM C WILDE, JUDITH O	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1402 N. RANDOLPH CIRC 212 HOFFMAN DRIVE	11b. City, State & Zip Code TALLAHASSEE FL 32312 TALLAHASSEE FL 32312	11c. Registration/Document Number 500002041555--S -12/31/96--01004--006 ***\$306.75 ***\$306.75
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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 *Judith O. Wilde* *William C. Owen* DATE *12/18/96*
 Typed or Printed Name of General Partner Signing Form *William C. Owen / Judith O. Wilde* Daytime Telephone Number *904-681-0980*

CR2E003 (6/96)