

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

30 JAN -5 AM 9:13

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001298

PALM FARMS, LTD.

aa-Em



Mailing Address

P.O. BOX 2798
LABELLE FL 33975

Principal Office Address

P.O. BOX 2798
LABELLE FL 33975

2. Mailing Address

Suite, Apt #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip Country

3. Date Formed or Registered

07/09/1996

3a. Date of Last Report

01/02/1998

4. State or Country of Formation

FL

6. FET Number

65-0693097

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$85,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

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

9. Name and Address of Current Registered Agent

**CARBIENER, CHARLES F JR.
5245 BIG PINE WAY, SUITE 103
FORT MYERS FL 33907**

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent/Office

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)

SKIPPER, TERRELL R

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

310 N INDUSTRIAL LOOP

11b. City, State & Zip Code

LABELLE FL 33935

11c. Registration
Document Number

30000027021318--0
-02/02/99--01072--017
****526.25 ****526.25

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

Terrell Skipper

Typed or Printed Name of General Partner Signing Form

TERRELL SKIPPER

DATE

12/31/98

Daytime Telephone Number

941 675-4844

CR2E003 (8/98)