## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



S.D. AND IDA AVERETT FAMILY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A96000001956

SECRETARY OF STATE OLVISION OF CURPORATIONS

97 HOV 19 AH 11: 25



Malling Address Principal Office Address  1758 CLAREDON AVENUE 1758 CLAREDON AVENUE			3. Date Formed or Registered 10/21/1996	<b>5a.</b> Capital Contributions as Shown on record.	
LAKELAND FL 33803	1758 CLAREDON AVENUE LAKELAND FL 33803		3a. Date of Last Report	\$421,000.00	
			12/19/1996	5b Amou	ol of Conital
		-	4. State or Country of Formation	Centril to date	nLof Capital outions in FLORIDA o:
2. Malling Address	28. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	<u> </u>	
City & State	City & State		59-3410392	Applied For Not Applicable	
			7. Certilicate of Status Desired		\$8.75 Additional
Zip Country	Zip Cou	ntry	8. Make check payable to: Dent. of	Fee Required  of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office		
LANGSTON, SCOTT H		Name			
117 SOUTH FLORIDA AVENUE LAKELAND FL 33801		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.			
10a. Pursuant to the provisions of sections 620.1051 a	ad 620 102 Elevida Statutos the about passed tissi	to de postupuello e se		FL	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligate	or registered agent, or both, in the State of Florida .5	luch change was a	anized or rogistered under the laws of it- ulthorized by its general partner(s). I here	e State of Floric	a, submits this statement appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT	IS A CORPORATION, LIM BT BE REGISTERED AND A	ITED PAR'	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSIN	ESS ENTITY
11, Name(s) of General Partner(s)	11a. Address of Each Gonoral Parti (Do NOT Use Post Office Box Nur	ner nbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number
AVERETT, SANFORD D JR	1758 CLAREDON AVENUE		LAKELAND FL 33803		
AVERETT, IDA M	1758 CLAREDON AVENUE	LA	LAKELAND FL 33803		
			5000maaramanna		
					KMM
Note: General partners MAV NO	T he changed on this farms as		mt marat ha filad ta al-		

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statules. 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. If uther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee ampowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

Ida M. Averett

DATE 11-17-97

Daytimo Telephone Number 941-686-822 3