

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 24 AM 11:50

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002098

FLORIDA COLD STORAGE, LTD.



Mailing Address

4501 DIGNAN STREET
JACKSONVILLE FL 32204

Principal Office Address

4501 DIGNAN STREET
JACKSONVILLE FL 32204

3. Date Formed or Registered

11/15/1996

5a. Capital Contributions as
Shown on record.

\$20,000.00

3a. Date of Last Report

NA

5b. Amount of Capital
Contributions in FLORIDA
to date:

20,000

4. State or Country of Formation

FL

2. Mailing Address

PO Box 41123
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32203-1123

Country

USA

Zip

Country

6. FEI Number

59-3413180

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$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

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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)

FLORIDA COLD STORAGE GENERAL

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

2421 DENNIS STREET

11b. City, State & Zip Code

JACKSONVILLE FL 32204

11c. Registration/
Document Number

P96000084918

7000002126097--4

-03/27/97--01088--009

******243.75 ****243.75**

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

William H. Morris

DATE

3-6-97

Typed or Printed Name of General Partner Signing Form

William H. Morris

Daytime Telephone Number

(904) 358-8971

CR2E003 (11/96)