

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

**ANNUAL REPORT**  
1996

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

**A 96 00000 2142**

**FILED**  
97 FEB 21 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  
**Sargent Family  
Limited Partnership**

1a. DOCUMENT #  
**A 96 00000 2142**

Mailing Address  
**1302 U.S. Hwy 27 N.  
Haines City, FL 33844**

Principal Office Address  
**616 Peninsular Dr.  
Haines City, FL 33844**

3. Date Formed or Registered  
**11/7/96**

3a. Date of Last Report  
**1st Report**

5a. Capital Contributions as Shown on record.  
**939,135.00**

5b. Amount of Capital Contributions in FLORIDA to date:  
**939,135.00**

2. Mailing Address  
**1302 U.S. Hwy 27 N.**

2a. Principal Office Address  
**616 Peninsular Dr.**

Suite, Apt. #, etc.  
**33844**

City & State  
**Haines City, FL**

Zip  
**33844**

Country  
**U.S.A.**

4. State or Country of Formation  
**Polk**

6. FEI Number  
☒ 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  
**John S. Reineke  
1302 U.S. Hwy 27 N.  
Haines City, FL 33844**

10. If changed, new Registered Agent/Office

Name  
**3000002098083--2**

Street Address (P.O. Box Number is Not Accepted)  
**02/26/97--01013--009**

Suite, Apt. #, etc.  
**\*\*\*\*541.25 \*\*\*\*541.25**

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) **John S. Reineke** DATE **12-30-96**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
John S. Reineke	1302 U.S. Hwy 27 N.	Haines City, FL 33844	
Terry Anne Weddington	57 B. Moore Rd.	Haines City, FL 33844	<b>A 96 00000 2142</b>

**dec 541.25 (new bus)**

**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 S. Reineke** DATE **12-30-96**

Typed or Printed Name of General Partner Signing Form **John S. Reineke** Daytime Telephone Number **(941) 432-2288**

CR2E003 (6/96)