

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

A96000002178



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

FILED

97 FEB 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A96000002178

GARDNER OF FLORIDA, LTD

Mailing Address

Principal Office Address

8800

3. Date Formed or Registered

26/Nov/96

5a. Capital Contributions as
Shown on record.

\$9,900 -

3a. Date of Last Report

N/A

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

4. State or Country of Formation

FLORIDA

2. Mailing Address

2a. Principal Office Address

5200 Sunbeam Rd.

SAFARI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

JACKSONVILLE, FL

City & State

Zip

32251

Country

6. FEI Number

59-341122

☐ 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

10. If changed, new Registered Agent/Office

MARY BETH CLARK, ESQ
4301 TAMiami TRAIL N.
Suite 400
NAPLES, FL 34103

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)

Mary Beth Clark

DATE

2/17/97

**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

**Finn Acquisitions,
Inc.**

**1150 Chesapeake
Ave.**

**Columbus,
OHIO
43212**

**P960000
94952**

000002098740--0
-02/26/97--01082--007
******173.05 ****173.05**

dec 173.05 (new pmt)

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

Philip W. Erickson

DATE

12/26/96

Typed or Printed Name of General Partner Signing Form

Philip W. ERICKSON,

Daytime Telephone Number

(614) 485-7951

TREASURER OF GP

EXT 1120

CR2E003 (6/96)