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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT #

FILED 98 JAN -2 PH 3: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

WHEELOCK	(FAMILY LIMITED	PARTNERSHIP

		A96000002479				
WHEELO	CK FAMILY LIMITED PA	ARTNERSHIP U9	S-AR CM		AKIA OGRAF BORIT GORITO HIGAT BADIA ABARA 1884 INGG	
Mailing Address 1006 RIVERSIDE TARPON SPRIN		Principal Office Address 1008 RIVERSIDE RIDGE RD. TARPON SPRINGS FL 34889	\$ 541. 25	3. Date Formed or Registered 01/01/1997 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$10,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Ad	ddress	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc. City & State		6. FEI Number 59 - 34 19 10 7	Applied For Not Applicable	
"Z ip	Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
<u></u>	9. Name and Address of Current Re	egistered Agent		10. If changed, new Registered	d Agent/Office	
	IAKER, LOOP & KENDRICK, LLP KENNEDY BLVD., STE. 2800		Name Street Address (P.C. Suite, Apt. #, etc. City	0. Box Number (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/9801042001	
for the p agent. I SIGNATURE (Reg	nt to the provisions of sections 620.1051 and 6 purpose of changing its registered office or requirements are familiar with, and accept the obligations of gistered Agent Accepting Appointment)	pistered agent, or both, in the State of Fla f section 620.192, Florida Statutes.	rida. Such change was	authorized by its general partner(s). I here	ne State of Florida, submits this statement aby accept the appointment of registered	
A GENI	ERAL PARTNER THAT IS MUST	6 A CORPORATION, I BE REGISTERED AN	LIMITED PAR D ACTIVE W	RTNERSHIP OR OTHE /ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name	o(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	ni Pariner ox Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	

11. Name(s) of General Partner(s)	Address of Each General Pariner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WHEELOCK, GARY K	1008 RIVERSIDE RIDGE	TARPON SPRINGS FL 346	
WHEELOCK, NANCY J	1008 RIVERSIDE RIDGE	TARPON SPRINGS FL 346	
			54125
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 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.

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Dea 5, 1997 813 938 5040