

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

FILED

98 APR 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000233

EAGERTON FAMILY LIMITED PARTNERSHIP

Mailing Address

1528 BLAIR ROAD
JACKSONVILLE FL 32221

Principal Office Address

1528 BLAIR ROAD
JACKSONVILLE FL 32221

3. Date Formed or Registered

01/22/1997

5a. Capital Contributions as
Shown on record

\$400.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3421544

☐ 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

PEEK, DAVID H
1609 GULF TOWER
JACKSONVILLE FL 32207

10. If changed, new Registered Agent/Office

Name
Ronald D. Fairchild

Street Address (P.O. Box Number is Not Acceptable)
1000 Riverside Ave.

Suite, Apt. #, etc.
Suite 500

City
Jacksonville

FL

Zip Code
32204

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)

Ronald D. Fairchild

DATE

Apr. 17, '98

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)

EAGERTON, HILDA J

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

1528 BLAIR ROAD

11b. City, State & Zip Code

JACKSONVILLE FL 32221

11c. Registration/
Document Number

400002502774--5
-04/28/98--01060--004
****156.25 ****156.25

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

Hilda J. Eagerton

DATE April 7, 1998

Typed or Printed Name of General Partner Signing Form

Hilda J. Eagerton

Daytime Telephone Number

904/388-0761

CR2E003 (6/97)