

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:02

1. Name of Limited Partnership THE TRIPLITT FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A97000000486
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Mailing Address % WEDGWORTH FARMS, INC. PO BOX 2076 BELLE GLADE FL 33430	Principal Office Address C/O WEDGWORTH FARMS, INC. 651 N.W. 9TH STREET BELLE GLADE FL 33430	3. Date Formed or Registered 02/26/1997	5a. Capital Contributions as Shown on record. \$1,628,630.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/23/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 65-0808961
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent WEDGWORTH FARMS, INC. 651 N.W. 9TH STREET BELLE GLADE FL 33430	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code
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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) TRIPLITT, DIANE W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2912 WINGFIELD DRIVE	11b. City, State & Zip Code COLUMBUS GA 31906	11c. Registration/Document Number 300002770689-5 -02/03/93-01127-023 *****526.25 *****526.25 52-4-99
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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 DIANE W. TRIPLITT	DATE 12/29/98
Typed or Printed Name of General Partner Signing Form DIANE W. TRIPLITT	Daytime Telephone Number

CR2E003 (8/98)