

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

FILED

97 DEC 16 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000592

SUMMERFORD HOLDINGS, LTD.

Mailing Address

Principal Office Address

~~9525 BLIND PASS ROAD, PH-3~~  
~~ST. PETE BEACH FL 33706~~

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~~ST. PETE BEACH FL 33706~~

3. Date Formed or Registered

03/11/1997

5a. Capital Contributions as  
Shown on record.

\$25,000,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$5,525,000

4. State or Country of Formation

FL

2. Mailing Address

1400 Battleground Avenue

2a. Principal Office Address

5323 61st Avenue South

Suite, Apt. #, etc.

Suite 204-A

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Greensboro, NC

Zip

27408

Country

USA

Zip

33715

Country

USA

6. FEI Number

59-3433484

☐ 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

SUMMERFORD, HAROLD C

~~9525 BLIND PASS ROAD, PH-3~~

~~ST. PETE BEACH FL 33706~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

5323 61st Avenue South

Suite, Apt. #, etc.

City

St. Petersburg

FL

Zip Code

33715

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)

*Harold C. Summerford*

DATE

11/8/97

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)

SUMMERCORP, INC.

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

9525 BLIND PASS ROAD,

11b. City, State & Zip Code

ST. PETE BEACH FL 337

11c. Registration/  
Document Number

P97000015884

800002378188-5  
-12/19/97-01093-011  
\*\*\*\*541.25 \*\*\*\*541.25

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

*Harold C. Summerford*

DATE

11/8/97

Typed or Printed Name of General Partner Signing Form

Harold Summerford, President-Summecorp, Inc. Daytime Telephone Number 813-864-2750

CR2E003 (6/97)