**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. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 11 PM 8:33

**1.** Name of Limited Partnership

**SUPER COOL LEASING, LTD.**

**1a.** DOCUMENT #
**A97000000696**

| Mailing Address | Principal Office Address |
|---|---|
| 4411 BEE RIDGE RD #307<br>SARASOTA FL 34233 | 5645 COLONIAL OAKS BLVD<br>SARASOTA FL 34232 |

**2.** Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

**2a.** Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

**3.** Date Formed or Registered
03/24/1997

**3a.** Date of Last Report
12/31/1997

**4.** State or Country of Formation
FL

**5a.** Capital Contributions as Shown on record
$2,800.00

**5b.** Amount of Capital Contributions in FLORIDA to date
0.00

**6.** FEI Number
65-0733240
☐ 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

JEANS, AMY L
5645 COLONIAL OAKS BLVD.
SARASOTA FL 34232

**10.** If changed, new Registered Agent/Office
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) 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) | **11a.** Address of Each General Partner (Do NOT Use Post Office Box Number(s)) | **11b.** City, State & Zip Code | **11c.** Registration/ Document Number |
|---|---|---|---|
| THOMAS, GAYE | 616 MELANIE PARK CT. | ASHLAND CITY TN 37015 | |
| JEANS, TRUMAN E | 5645 COLONIAL OAKS BL | SARASOTA FL 34232 | |
| JEANS, AMY L | 5645 COLONIAL OAKS BL | SARASOTA FL 34232 | |

**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 Amy L. Jeans DATE 12-11-98

Typed or Printed Name of General Partner Signing Form Amy L Jeans Daytime Telephone Number 941-371-0009

CR2E003 (8/98)

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