

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

12/31 2002

DOCUMENT # **A97000001069**

1. Name of Limited Partnership

DAVIDSON FAMILY LIMITED PARTNERSHIP

2. Principal Office Address
3418 Woodley Drive

3. Mailing Office Address
P. O. Box 1479

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Thomasville, Georgia

Zip
32308

Country
USA

Zip
31799

Country
USA

4. Date Formed or Registered
To Do Business in Florida May 14, 1997

5. FEI Number
59-3458098

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
\$3,532,464

7b. Amount of Capital Contributions in FLORIDA to date:
\$560,000

8. Name and Address of Current Registered Agent

Name
Gene L. Davidson

Street Address (P.O. Box Number is Not Acceptable)
3418 Woodley Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32308

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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)

Gene L. Davidson

DATE 12-5-02

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Gene L. Davidson, Trustee	3418 Woodley Drive	Tallahassee, FL 32308	
Stanley K. Davidson	212 S. Tryon St., Suite 1440	Charlotte, NC 28281	508089495049 12/12/02--01125--002 **1035.00
Dale S. Davidson	1510 Millpond Rd.	Thomasville, GA 31792	
M. Jack Davidson	P. O. Box 13372	Tallahassee, FL 32317	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Dale S. Davidson

DATE 12-5-02

Typed or Printed Name of General Partner Signing Form

DALE S. DAVIDSON

Telephone Number

284-226-2505

CR2E039 (10/02)