

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -1 PM 4:39

1. Name of Limited Partnership

1a. DOCUMENT #
A 97000001576

GERMSTOPPER LTD.

Mailing Address

Principal Office Address

~~620 DOUGLAS AVE.~~

620 DOUGLAS AVE.

~~SUITE 1304~~

SUITE 1304

~~ALTAMONTE SPRINGS, FL 32714~~

ALTAMONTE SPRINGS, FL 32714

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

26 SEA MARSH ROAD

City & State

AMELIA ISLAND, FL

City & State

Zip 32034

Zip Country

3. Date Formed or Registered

7/18/97

3a. Date of Last Report

1998

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record

200

5b. Amount of Capital Contributions in FLORIDA to date

200

6. FEI Number

59-3457695

☐ 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

10. If changed, new Registered Agent/Office

TODD, WILLIAM M.

Name

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

26 SEA MARSH ROAD

Suite, Apt. #, etc.

City

AMELIA ISLAND

FL

Zip Code

32034

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)

William M. Todd

DATE

1/29/99

**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 Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

GERMSTOPPER MANAGEMENT
CORPORATION

26 SEA MARSH ROAD

AMELIA ISLAND, FL
32034

P97000059831 (2)

100002770421-1
-02/03/99-01114-014
****141.25 ****141.25

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

By: William M. Todd, Chairman

DATE

1/29/99

Typed or Printed Name of General Partner Signing Form GERMSTOPPER MANAGEMENT CORP.

Daytime Telephone Number (904) 377-4406

CR2E003 (8/98)