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

1. Name of Limited Partnership

1a. DOCUMENT # A9700001651

FILED

98 DEC 31 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EMEC-PROCTOR-LIMITED PARTNERSHIP Lamonia Investments, Ltd. Noting Address Potologic Office Address 130 PERMONT DRIVE TALLAHASSEE FL 32312 141 ANASSEE FL 32312 25. Matting Address 26. Principal Office Address 27. Principal Office Address 28. Principal Office Address 28. Principal Office Address 29. Principal Office Address 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information) 20. Now deck payable to Depth of State (See reverse address for for information payable address (S		<u> </u>	A97000001001		IALLAHASSEE, FLORIDA			
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1320 PEDMONT DRIVE TALLAHASSEE R. 32312	Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capit	al Contributions as	
2. Mailing Address 2a. Principal Office Address 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. FL 7, 500,000. The State Country 7, 500,000. The PPLIED FOR APPLIED FOR Not Applicable To Not Applicable To Not Applicable To State (Sea reverse side for fee information) 9, Name and Address of Current Registered Agent 10, If changed, now Registered Agent/Office PROCTOR, W. THEO JR. 1320 PIEDMONT DRIVE TALLAHASSEE FL 32312 The State Agent, and Eco. 152, Florida State Country of Pountry of P		<u>-</u>	-		3a. Date of Last Report			
2a. Principal Office Address 2a. Principal Office Address FL 7,500,000. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Country Zip Country Zip Country Zip Country To Country						Contr	int of Capital ibutions in FLORIDA	
City & State To Country Country Country To Count	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:		
City & State To Country To Count	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		AP-PLIED FOR Applied For Not Applied For Not Applicable 7. Certificate of Status Desired \$8.75 Additional			
Each Required 8. Make check payable for Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name PROCTOR, W. THEO JR. 1320 PIEDMONT DRIVE TALLAHASSEE FL 32312 Suite, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections \$20.1051 and \$20.102. Florida Statutes, the above-named limited partnership organized or registered under the base of the State of Florida, submits this statement for the purpose of changing its registered effice or registered agent, or both, the State of Florida. Such change was eatherized by its general partner(s). I hereby accept the appointment of registered agent, or both, the State of Florida. Such change was eatherized by its general partner(s). I hereby accept the appointment of registered agent, or both, with, and accept the obligations of section \$20.102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment of Section \$20.102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment of Section \$20.102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment of Pregistered Section Section \$20.102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment of Pregistered Section Section \$20.102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment of Pregistered Section Section \$20.102, Florida Statutes. The Decument Number Must be Registered on Agent Accepting Agent Agen	City & State	City & State	City & State					
8. Make check payable to: Dept. of State (Sea reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office PROCTOR, W. THEO JR. 1320 PIEDMONT DRIVE TALLAHASSEE F1 32312 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 taws of the State of Florida, submits this statement for the purpose of changing its registered office or registered signet, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, in a finalizar with, and accept the oligibilizer of section 520,192, Florida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. (Ion NOT Use Post Office Sox Numbers) PROCTOR, W. THEO JR. 11a. (Ion NOT Use Post Office Sox Numbers) 11b. City, State & 3p Code 11c. Registration/ Document Number 11b. City, State & 3p Code 11c. Registration/ Document Number 11d. (Ion NOT Use Post Office Sox Numbers) 11d. (Ion Not U								
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10a. Pursuant to the provisions of sections 620.1051 and 620.102. Florida Statutes, the above-named limited partnership organized or registered under the taws 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, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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 11b. City, State & Zip Code 11c. Registration/ Decimant Number PROCTOR, W. THEO JR. PROCTOR, W. THEO JR. ROUTE 1, BOX 987, NOR TALLAHASSEE FL 32312 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 1do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the evereption stated in Section 118.07(3)(c), Florida Statutes. I release the Division of	PROCTOR, W. THEO JR.			Street Address (P.O. Box Number Is Not Acceptable)				
City FL Zip Code 10a. Pursuant to the provisions of sections 520,1051 and 520,192, Florida Statutes, the above-nemial 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 heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heroby accept the state of Florida. Such change was authorized by its general partner(s). I heroby accept the state of Florida. Such change was authorized by its general partner(s). I heroby accept the state of Florida. Such change was authorized by its general partner(s). I heroby accept the state of Florida. Statutes, I release the Division of Florida Statutes. I relea								
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12. Ido 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

Typed or Printed Name of General Partner Signing Form

___ Daytime Telephone Number

DATE 11-30-95