

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 -3 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A97000001925

| | | | |
|--|--|--|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # | |
| North Florida Rock, Ltd. | | A97000001925 | |
| Mailing Address | | Principal Office Address | |
| 1714 W. 23rd St., Suite 0 Panama City, FL 32405 | | 1714 W. 23rd St., Suite 0 Panama City, FL 32405 | |
| 2. Mailing Address | | 2a. Principal Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| | | 3. Date Formed or Registered | |
| | | 9/8/97 | |
| | | 3a. Date of Last Report | |
| | | | |
| | | 4. State or Country of Formation | |
| | | Florida | |
| | | 5a. Capital Contributions as Shown on record. | |
| | | 10000. | |
| | | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| | | 10000. | |
| | | 6. FEI Number | |
| | | 59-3471235 | |
| | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | 7. Certificate of Status Desired | |
| | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

98-AR cm

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. If changed, now Registered Agent/Office | |
| Fred M. Webb 1714 W. 23rd St., Suite 0 Panama City, FL 32405 | | 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 Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
| F.M.W. Construction Services, Inc. | 1714 W. 23rd St., Suite 0 | Panama City, FL 32405 | H89395 |
| 300002367393--9 -12/09/97--01103--006 ****173.75 ****173.75 | | | |

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 720, Florida Statutes.

SIGNATURE Fred M. Webb DATE Dec. 2, 1997
 F.M.W. Construction Services, Inc.
 Typed or Printed Name of General Partner Signing Form Fred M. Webb, President Daytime Telephone Number 850 769-2481

CR2E003 (6/97)