

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 JAN 20 PM 12:52

1. Name of Limited Partnership

1a. DOCUMENT #

A97000002398

PS ONE LIMITED



Mailing Address

15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760

Principal Office Address

15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760

3. Date Formed or Registered

06/30/1998

5a. Capital Contributions as  
Shown on record.

\$2,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$2,000.00

2. Mailing Address

2417 Mayfair Rd. Blvd.  
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32303

Country

USA

City & State

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-3477724

☐ 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

HAYDON, ROGERS K JR.  
15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760

10. If changed, new Registered Agent/Office

Name

Reed Haydon

Street Address (Post Box Number is Not Acceptable)

2417 Mayfair Rd.

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32303

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

12/30/98

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)

HAYDON ASSOCIATES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

15201 ROOSEVELT BLVD.

11b. City, State & Zip Code

CLEARWATER FL 33760

11c. Registration/  
Document Number

P97000056374

7000002750427--6  
-01/21/99-01102-011  
\*\*\*\*382.75 \*\*\*\*368.75  
382.75

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 620, Florida Statutes.

SIGNATURE

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

Reed Haydon

Daytime Telephone Number

850-386-7102