

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

H. 1/22

98 JAN 16 AM 10:18

1. Name of Limited Partnership <i>Fidelity Duncan Limited Partnership</i>		1a. DOCUMENT # <i>A97000002410</i>	
Mailing Address <i>441 Woodbine Dr. Pensacola FL 32503</i>		Principal Office Address <i>Same</i>	
2. Mailing Address <i>441 Woodbine Dr.</i>		2a. Principal Office Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pensacola FL</i>		City & State	
Zip <i>32503</i>		Country <i>USA</i>	
3. Date Formed or Registered <i>5 NOV. 1997</i>		5a. Capital Contributions as Shown on record. <i>\$5,000.00</i>	
3a. Date of Last Report <i>Same</i>		5b. Amount of Capital Contributions in FLORIDA to date. <i>\$5,000.00</i>	
4. State or Country of Formation <i>Escambia</i>		6. FEI Number <input type="checkbox"/> Applied For <input checked="" 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)	

9. Name and Address of Current Registered Agent <i>Charles D. Cross 441 Woodbine Dr. Pensacola FL 32503</i>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) <i>Charles D. Cross Karen Trammell</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <i>441 Woodbine Dr. 734 Ped Rd</i>	11b. City, State & Zip Code <i>Pensacola FL 32503 Winfield TN 37892</i>	11c. Registration/Document Number <i>(A97000002410)</i>
		400002412594--6 -01/27/98--01015--003 ****141.25 ****141.25	

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

12. I 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 *Charles D. Cross*

DATE *12-09-97*

Typed or Printed Name of General Partner Signing Form *Charles D. Cross*

Daytime Telephone Number *850-433-2894*

CR2266 (6/97)