

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

98 FEB -2 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
**Hogshead Investment
Partnership, Ltd.**

1a. DOCUMENT #
A97000002858

Mailing Address
**P. O. Box 871
Plymouth, FL 32768**

Principal Office Address
**2426 Rivertree Circle
Sanford, FL 32771**

3. Date Formed or Registered
12/26/97

**5a. Capital Contributions as
Shown on record.**
\$3,000,000

3a. Date of Last Report
n/a

**5b. Amount of Capital
Contributions in FLORIDA
to date:**
\$3,050,000

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

☒ **Applied For**
☐ **Not Applicable**

City & State

City & State

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Rodney C. Hogshead, III
2426 Rivertree Circle
Sanford, FL 32771

10. If changed, new Registered Agent/Office

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**

**Georgiana Hogshead, Trustee
of the Georgiana Hogshead
Family Trust, dated 3/26/97**

3210 Fairway Lane

Orlando, FL 32804

Rodney C. Hogshead, III

6464 S.W. 21st Court

Ocala, FL 34474

Dorothy Ann Giovannelli

2001 Ivanhoe Road

Orlando, FL 32804

Mary Jo Moore

dec

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)(f) 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

12/30/97

Typed or Printed Name of General Partner Signing Form

Rodney C. Hogshead, III

Daytime Telephone Number

(407) 886-1135

CR2E003 (6/97)