

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

REVOCAION AND \$500 PENALTY FEE
A98000000063

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

99 JAN 28 PM 3: 27

1. Name of Limited Partnership		1a. DOCUMENT # A98000000063	
DESIGN & CONSTRUCTION WORKS, LIMITED			
2. Mailing Address		2a. Principal Office Address	
210 BRADFORD ROAD #127 TALLAHASSEE FL 32303		210 BRADFORD ROAD #127 TALLAHASSEE FL 32303	
3. Date of Last Report		3a. Date of Last Report	
1/7/98		N/A	
4. State or Country of Formation		4. State or Country of Formation	
FL		FL	
5a. Capital Contribution (See Schedule attached)		5a. Capital Contribution (See Schedule attached)	
\$1000		\$1000	
5b. Amount of Capital Contribution (See Schedule attached)		5b. Amount of Capital Contribution (See Schedule attached)	
\$1000		\$1000	
6. EIN Number		6. EIN Number	
98-0000000		☐ Applied For ☒ Not Applicable	
7. Certificate of Status Document		7. Certificate of Status Document	
		☐ \$8.75 Annual Fee Required	
8. Most check payable to Dept. of State (has received \$ dollar fee authorization)		8. Most check payable to Dept. of State (has received \$ dollar fee authorization)	

9. Name and Address of Current Registered Agent	10. If Change of Name Registered Agent (DO NOT)
W.P.M. HOWELL 210 BRADFORD ROAD #127 TALLAHASSEE, FL 32303	Name _____ Street Address (P.O. Box Acceptable) _____ State (Print) _____ City _____ Zip Code _____

10a. Pursuant to the provisions of sections 620.1001 and 620.192, Florida Statutes, the above named limited liability partnership organization registered under the laws of the State of Florida, is authorized for the purpose of changing its registered office or registered agent, to bring in the State of Florida. Such change was authorized by the unanimous vote of the partnership. The entity is subject to payment of registered agent fee and is authorized to accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Please Print Agent Accepting Appointment) W. H. J. Smith DATE 1/28/99

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
WPM HOWELL	210 BRADFORD ST #127	TALLAHASSEE FL 32303
		2000002766232---7 102/05/99--01092--003 ****141.P5 ****141.25 h/c 1/28/99

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)(c), Florida Statutes. I acknowledge the Director of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed exempt from public access. Further, I certify that the information included in this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. Further, I certify that I am a General Partner of the limited partnership represented or trusted or empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *W. M. J. J. J. J.* DATE *1/28/99*

1500.81 30003250