

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000522

1. Entity Name

JOSEPH H. MORRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**806 EAST 6TH STREET
PANAMA CITY, FL 32401**

Mailing Address

**806 EAST 6TH STREET
PANAMA CITY, FL 32401**

DO NOT WRITE IN THIS SPACE



03262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3497725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, RODNEY C DR.
806 EAST 6TH STREET
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

MORRIS, RODNEY C

STREET ADDRESS

806 EAST 6TH STREET

CITY - ST - ZIP

PANAMA CITY, FL 32401

DOCUMENT #

NAME

DAVIS, ROSE MARIE M

STREET ADDRESS

377 EAGLE CREEK DRIVE

CITY - ST - ZIP

LAKE MARY, FL 32746

DOCUMENT #

NAME

MORRIS, GILBERT F

STREET ADDRESS

335 AMBER RIDGE ROAD

CITY - ST - ZIP

ATLANTA, GA 30328

DOCUMENT #

NAME

MORRIS, JOSEPH H JR.

STREET ADDRESS

P.O. BOX 1042

CITY - ST - ZIP

NEWNAN, GA 30264

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

U000000930668
05/21/08-80119-003 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE