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

WILL BE SUBJECT TO REVOCA	ATION AND \$500 PENALTY	FEE				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 PM 4: 19			
1. Name of Limited Partnership	1a. DOCUMENT # A9800001639		90 020 14 111 4 13			
PENEWITT FAMILY LIMITED PARTNERSHIP						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		7
2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405	2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405		07/06/1998 3a. Date of Last Report N A	\$762,300.00		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		Ì
2. Mailing Address	2a. Principal Office Address	FL		2,300,00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3519758	22	Applied For Not Applicable	7
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional	1
Zip Country	Zip Co	8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Re	victored Acoust		10. If changed, new Registered	Apart/Office		7
		Name				
PENEWITT, PAUL S 2340 INDUSTRIAL DRIVE		Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32405		Suite, Apt. #, etc.				
		City Zip Code				
10a Durayant to the semiclary of continue 520 1051 and 520 102 Statutes the above named limited protection over			nizad air ragistarad undar the laws of the	FL State of Florida	cubmits this statement	-
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 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.						
A GENERAL PARTNER THAT IS	A COPPORATION LIN	AITED PART	NERSHIP OR OTHER	BUSIN	JESS ENTITY	-
MUST	BE REGISTERED AND	ACTIVE WIT	TH THIS OFFICE.		_ -	
11. Name(s) of General Partner(s)	11a. Address of Each General Pa	rtner umbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	1_
PENEWITT, PAUL S	2340 INDUSTRIAL DRIVE	1	IAMA CITY FL 32405		NIA	CR2E003 (8/98)
		j -	000002° -12/23, ****52	7212 /9801 %.25	2406 078004 ****\$26.25	CR2E0

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

Typed or Printed Name of General Partner Signing Form

DATE 12-3-98 (050) NGG-6166