

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 11 AM 11:28

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #  
A98000002000

THE ANDRIS FAMILY LIMITED PARTNERSHIP

Mailing Address

P.O. BOX 500  
MONTICELLO FL 32345

Principal Office Address

U.S. 19 NORTH, 3 MILES  
MONTICELLO FL 32345

3. Date Formed or Registered

08/26/1998

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record.

\$800,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

59-3534584

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

ANDRIS, STEVE  
U.S. 19 NORTH, 3 MILES  
MONTICELLO FL 32345

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

600002778416---0

Suite, Apt. #, etc.

-02/17/99--01072-015

City

\*\*\*526.25

\*\*\*526.25

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)

SNELGROVE, MARY TRUSTEE

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1015 SOUTH MULBERRY S

11b. City, State & Zip Code

MONTICELLO FL 32344

11c. Registration/  
Document Number

SL  
2-16-99

**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)(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

Mary Snelgrove

Trustee

DATE 02/08/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)