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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A98000062362

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -8 PM 3:41

1. Name of Limited Partnership: The 1998 Ben C. Boynton Family FLP, LTD.	**1a.** DOCUMENT #: A98000062362

Mailing Address: 2735 Miller Landing Road, Tallahassee, FL 32312	Principal Office Address: (SAME)
2. Mailing Address: 2735 Miller Landing Road; Suite, Apt. #, etc.; City & State: Tallahassee, FL; Zip: 32312; Country: USA	**2a.** Principal Office Address: 2735 Miller Landing Road; Suite, Apt. #, etc.; City & State: Tallahassee FL; Zip: 32312; Country: USA

3. Date Formed or Registered: 10/14/98	**5a.** Capital Contributions as Shown on record: 10/14/98 $20,500.00
3a. Date of Last Report: N/A	**5b.** Amount of Capital Contributions in FLORIDA to date: $20,500
4. State or Country of Formation: FLA	
6. FEI Number: 59-3538903 ☐ 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	**10.** If changed, new Registered Agent/Office
Ben C Boynton 2735 Miller Landing Road Tallahassee, FL 32312	Name: No change 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 12/8/98

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
Ben C. Boynton	2735 Miller Landing Road 143.50 8.75 23225	Tallahassee FL 32312 100002716661--9 -12/18/98--01091--002 BK ****232.25 ****232.25 12/8/98	

CR2E003 (8/98)

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 _____ DATE 12/8/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____