

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -2 AM 8:20

1. Name of Limited Partnership GUYTON FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A98000002884	
2. Mailing Address 5255 South Tropical Trail Merritt Island, FL 32952		2a. Principal Office Address 5255 South Tropical Trail Merritt Island, FL 32952	
3. Date Formed or Registered December 29, 1998		5a. Capital Contributions as Shown on record \$2,500,000	
3a. Date of Last Report None		5b. Amount of Capital Contributions in FLORIDA to date \$1,500,000	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
City & State Merritt, Island, FL		City & State Merritt Island, FL	
Zip Country 32952 U.S.A.		Zip Country 32952 U.S.A.	

9. Name and Address of Current Registered Agent Charles Ian Nash 930 S. Harbor City Boulevard Suite 505 Melbourne, FL 32901		10. If changed, new Registered Agent/Office Name 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 _____

**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
Guyton Family Enterprises, Inc.	5255 South Tropical Trail	Merritt Island, FL 32952	P9800002387

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 By: Evelyn Stewart Guyton DATE 1/6/99
Typed or Printed Name of General Partner Signing Form: Evelyn Stewart Guyton, President Daytime Telephone Number: (407) 452-8597

CR2E003 (8/98)