## 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

1. Name of Limited Partnership

1a. DOCUMENT # **B9200000064** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN 19 PM 3: 15

(214)

SFE CITRUS PROCESSORS, L.P., LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
625 BRIDGERS AVE. W. AUBURNDALE FL 33823	625 BRIDGERS AVE. W. AUBURNDALE FL 33823		12/23/1992 3a. Date of Last Report 12/22/1997	\$4,000,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation DE	to date.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State	12	7. Certificate of Status Desired	Not Applicable  \$8.75 Additional	
Zip Country	Zip _C	country		Fee Required tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code			
10a. Pursuant to the provisions of sections 620,1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS	r registered agent, or both, in the State of Florida na of section 620.192, Florida Statutes.	. Such change w	DATE	accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General F (Do NOT Use Post Office Box	3	1b. City, State & Z:p Code	11c. Registration/ Document Number	
BOWEN CITRUS PROCESSORS, INC	305 AVENUE E, S.W.		WINTER HAVEN FL 33880	F92000000849	
	BK		100002	7455715	

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutes. I release the Division of

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

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

TODD W. FOLLMER, VP of General Partner Dayline Telephone Number

CKZEUU3 (8/3

ACCOUNT NO. : 072100000032

COST LIMIT : \_\$ 526.25

ORDER DATE: January 15, 1999

ORDER TIME : 8:49 AM

ORDER NO. : 101888-005

CUSTOMER NO: 4323694

CUSTOMER: Albert Fox, Legal Asst

Hughes & Luce, L.l.p.

Suite 2800

1717 Main Street Dallas, TX 75201 🚞

## ANNUAL REPORT FILING

NAME:

SFE CITRUS PROCESSORS, L.P.,

XX\_\_\_ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING BK

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS:

DIVISION OF CORPORATION