

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. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B98000000018

A.B./SANFORD LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

1900 INTERNATIONAL PARK DRIVE, SUITE 303
BIRMINGHAM AL 35243

1900 INTERNATIONAL PARK DRIVE, SUITE 303
BIRMINGHAM AL 35243

3. Date Formed or Registered

01/12/1998

5a. Capital Contributions as
Shown on record

-\$0.00
\$809,279

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Office Address

1701 Lee Branch Lane
Suite, Apt. #, etc.

1701 Lee Branch Lane
Suite, Apt. #, etc.

4. State or Country of Formation

DE

6. FEI Number

58-2365315

☐ Applied For
☒ Not Applicable

City & State

City & State

Birmingham, AL
Zip Country
35242 USA

Birmingham, AL
Zip Country
35242 USA

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

FFB 526 25

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

A.B. OPERATIONS, INC

1900 INTERNATIONAL PARK
1701 Lee Branch Lane

BIRMINGHAM AL 35243
35242

F94000003368

200002793042-7
-03/03/99-01036-009
****526.25 ****526.25

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 689, Florida Statutes.

SIGNATURE

Ronald L. Carlson

Typed or Printed Name of General Partner Signing Form

Ronald L. Carlson

DATE

12-22-95

Daytime Telephone Number

205-969-1000

CR2E003 (8/98)