

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L94355** (9)

1. Corporation Name

PARTNERSHIP III, INC.



Principal Place of Business

Mailing Address

**350 SOUTH MCKINLEY ST.
ORLANDO FL 32811-2133**

**350 SOUTH MCKINLEY ST.
P.O. BOX 617350
ORLANDO FL 32861
US**

2. Principal Place of Business

2a. Mailing Address

21 2026 FOSGATE DR.

26 2026 FOSGATE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

Zip

Country

Zip

Country

24 32789

25 USA

29 32789

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/07/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3020904

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JOHN K. GREENE

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

2026 FOSGATE DRIVE

83

84 City

WINTER PARK

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

JOHN K. GREENE, PRES.

7-30-96
Date

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

☒ DELETE

**P
HARRIS, CHARLES S.
350 S MCKINLEY ST
ORLANDO FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE

P/D

12 NAME

JOHN K. GREENE

13 STREET ADDRESS

2026 FOSGATE DRIVE

14 CITY - ST - ZIP

WINTER PARK FL

32789

21 TITLE

T/S/D

22 NAME

WALTER T. SWOPE

23 STREET ADDRESS

2026 FOSGATE DRIVE

24 CITY - ST - ZIP

WINTER PARK FL

32789

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

JOHN K. GREENE

7-30-96

407-629-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City or Phone #