

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001880

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**2329699861CC**

**Entity Name:** WILLIAM R. AND THELMA L. CLONTS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1001 GENEVA DRIVE  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 622916  
OVIEDO, FL 32762-2916

**FEI Number: 59-3291461**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPEER, THOMAS A  
113 MAGNOLIA AVENUE  
SANFORD, FL 32771 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #  
Name CLONTS, W. REX JR.  
Address 6265 LAKE CHARM CIRCLE  
City-State-Zip: OVIEDO FL 32765

Document #  
Name CLONTS, CHARLES L  
Address 1249 APACHE DRIVE  
City-State-Zip: GENEVA FL 32732

Document #  
Name NEEL, JANET C  
Address 61 AUBREY ROAD NE  
City-State-Zip: WHITE GA 30184

Document #  
Name WEST, SUSAN C  
Address 4049 HEIRIOOM ROAD PLACE  
City-State-Zip: OVIEDO FL 32766

Document #  
Name CLONTS, VIVIAN  
Address 146 HILLCREST DRIVE  
City-State-Zip: OVIEDO FL 32765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES L CLONTS**

**GP**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date