

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 30 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001440

1. Entity Name
G.H.S: PROVISION, LTD.



Principal Place of Business
**234 WOODLAWN DRIVE
PANAMA CITY BEACH, FL 32407**

Mailing Address
**234 WOODLAWN DRIVE
PANAMA CITY BEACH, FL 32407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-LP

CR2E003 (10/03)

4. FBI Number

59-3756963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARMON, DANIEL III
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record **\$495,100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **SMITH, G. HENRIETTA TRUSTEE**
STREET ADDRESS **234 WOODLAWN DRIVE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407** *Deceased*

STREET ADDRESS
CITY-ST-ZIP **900038584969**
07/02/04 01004 003 **526.25

DOCUMENT #
NAME *Mary Ellen Smith Waller*
STREET ADDRESS *4034 Creekside Drive*
CITY-ST-ZIP *Blairsville, GA 30512*

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **GILBERT DEAN JOHNSON**
STREET ADDRESS **602 POINSETTIA COURT**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **CHARLES BARTON WALLER**
STREET ADDRESS **234 WOODLAWN DRIVE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE: *Mary Ellen Smith Waller*

4-29-04 706-781-659Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MARY Ellen Smith Waller

STAPLE CHECK HERE