FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L70028 DOCUMENT # (O) Corporation Name GH HOLDINGS, INC. Principal Place of Business Mailing Address 3627 UNIVERISTY BLVD. SOUTH 3627 UNIVERISTY BLVD. SOUTH SUITE 840 SUITE 840 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date incorporated or Qualified 3a. Date of Last Re 05/03/1990 04/26/1995 2. Principal Place of Business 2a, Mailing Aridress 4. FEI Number Applied For 59-3007328 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z(g)Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 30 29 Florida Statutes ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEIGER, ALLAN T. Street Address (P.O. Box Number is Not Acceptable) 82 1301 RIVERPLACE BLVD., SUITE 1500 ROGERS, TOWERS, BAILEY, JONES & GAY 83 JACKSONVILLE FL 32207 City 84 85 Zip Code 11. Fursuant 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 Forida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal are, typed or printe a rainic of registered agest, and to enflapplicable (NOTE: Registered Agent signature required whan reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DILE XXOELETE 1.1703E Change ☐ Addition CARROLL, DAVID W. MAME 1.2 NAME 3627 UNIVERSITY BLVD. S. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 14 CITY - ST - ZiP DC THE ☐ DELETE 2 1 TITLE Change Addition BROWN, J. BROOKS 149 2.2 NAME 3627 UNIVERSITY BLVD. S. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CHY-ST ZIP 2 4 C(TY - ST - ZIP DSTV DELFTE Till.E 3 1 TITLE Change Change Addition BAER, DOUGLAS M. 3 2 NAME 3627 UNIVERSITY BLVD S. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 0-14-51-7P 3.4 CHY - ST-ZIP TILE DELF1E 4 1 TITLE Change ☐ Addition NAME. 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COTY - ST. Z0 4 4 CITY - ST - ZIP TILL E DELETE 5 1 TITLE Change Addition NAM 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-St 7a 5.4 CITY - ST - ZIP TILE [] DELETE 6 1 THUE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C(TY-ST-7)P 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 early that I am an officer or director of UP corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 or an attachmental an address

SIGNATURE:

CITY-ST ZIE

ith an address

904-391-1205

CR2E034 (12/95)