

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Montant
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:22

DOCUMENT # P36543 (7)

1. Corporation Name

PHHS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7135 HODGSON MEMORIAL DR.
SAVANNAH GA 31406
US

7135 HODGSON MEMORIAL DR.
SAVANNAH GA 31406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/26/1991** 3a. Date of Last Report **07/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	24 County
25	29
26	30

4. FEI Number **58-1961875** 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.09(2) 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	IVES, JOHN E.
STREET ADDRESS	4700 WATERS AVENUE
CITY, ST, ZIP	SAVANNAH GA
TITLE	P
NAME	BOLCH, ELLEN B
STREET ADDRESS	4700 WATERS AVENUE
CITY, ST, ZIP	SAVANNAH GA
TITLE	AS
NAME	WOLFE, MELODY L.
STREET ADDRESS	4700 WATERS AVENUE
CITY, ST, ZIP	SAVANNAH GA
TITLE	S
NAME	LUPACCHINO, ROBERT
STREET ADDRESS	4700 WATERS AVE.
CITY, ST, ZIP	SAVANNAH GA
TITLE	AS
NAME	BLOOD, NANCY
STREET ADDRESS	4700 WATERS AVE
CITY, ST, ZIP	SAVANNAH GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Kathy Jones
13.3 STREET ADDRESS	4700 Waters Ave
13.4 CITY, ST, ZIP	Savannah, GA 31404
13.5 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	Michael Scheer
13.7 STREET ADDRESS	4700 Waters Ave
13.8 CITY, ST, ZIP	Savannah, GA 31404
13.9 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	Robert Luppacchino
13.11 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste 13
13.12 CITY, ST, ZIP	Savannah, GA 31406
13.13 TITLE	Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Roy Gingrich
13.15 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste. 13
13.16 CITY, ST, ZIP	Savannah, GA 31406
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 199.01(7)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roy H. Camplich

4/26/95 912-350-6505