

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S59484** (3)

1. Corporation Name

**MMS PARTNERSHIP HOLDINGS SPBA, INC. /**

**GH PARTNERSHIP HOLDINGS SPBA, INC.**

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD. SOUTH  
SUITE 640  
JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. SOUTH  
SUITE 640  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3075438

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, DOUGLAS A  
1300 GULF LIFE DR.  
ROGERS, TOWERS, BAILEY, JONES & GAY  
JACKSONVILLE FL 32216

01 Name  
**Geiger, Allan T.**  
02 Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Blvd., Suite 1500**  
03 **Rogers, Towers, Bailey, Jones & Gay**  
04 City **Jacksonville** FL 05 **32207**

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]*

(Print Name of Registered Agent and Date of Signature)

3/29/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	BROWN, J. BROOKS
STREET ADDRESS	3627 UNIVERSITY BLVD. S.
CITY ST ZIP	JACKSONVILLE FL
TITLE	DP
NAME	CARROLL, DAVID W.
STREET ADDRESS	3627 UNIVERSITY BLVD. S.
CITY ST ZIP	JACKSONVILLE FL
TITLE	DST
NAME	BAER, DOUGLAS M.
STREET ADDRESS	3627 UNIVERSITY BLVD. SO
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	DSTV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(k), Florida Statutes. I further certify that the information reported 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on my attachment with an address.

SIGNATURE:

*[Signature]*

(Print Name and Typed or Printed Name of Signing Officer or Director)

4/5/95

DATE

904-391-1205

Display Phone #