

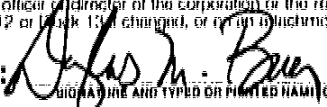
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S59490 (0)			
1. Corporation Name GH PARTNERSHIP HOLDINGS SPBD, INC.			
Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216		Mailing Address 3627 UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1991	3a. Date of Last Report 04/28/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3075442	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WARD, DOUGLAS A 1300 GULF LIFE DR. ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name Geiger, Allan T. 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd., Suite 1500 83 Rogers, Towers, Bailey, Jones & Gay 84 City Jacksonville 85 Zip Code FL 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 607.0503, Florida Statutes. SIGNATURE  3/29/95 DATE (NOTE: Registered Agent signature required when transferring)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	NAME BROWN, J. BROOKS	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 3627 UNIVERSITY BLVD. S.		1.2 NAME	
CITY- ST- ZIP JACKSONVILLE FL		1.3 STREET ADDRESS	
TITLE DP	NAME CARROLL, DAVID W.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 3627 UNIVERSITY BLVD. S.		2.2 NAME	
CITY- ST- ZIP JACKSONVILLE FL		2.3 STREET ADDRESS	
TITLE DST	NAME BAER, DOUGLAS M.	3.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 3627 UNIVERSITY BLVD. SO		3.2 NAME	
CITY- ST- ZIP JACKSONVILLE FL		3.3 STREET ADDRESS	
TITLE		3.4 CITY- ST- ZIP	
NAME		4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY- ST- ZIP	
NAME		5.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY- ST- ZIP	
NAME		6.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 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 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 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, if changed, or on an attachment with an address.			
SIGNATURE:  4/5/95 904-391-1305		DATE	