

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
SUITE 440-
JACKSONVILLE FL 32218

3627 UNIVERSITY BLVD. SOUTH
SUITE 440
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 Suite 430

City & State

23

Zip

Country

24

2a. Mailing Address

26

3715 Northside Pkwy NW

Suite, Apt. #, etc.

27 Suite 105, Bldg 300

City & State

28 Atlanta, GA

29

30327

Country

30 USA

4. FEI Number

59-3075442

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIGER, ALLAN T
1301 RIVERPLACE BLVD. SUITE 1500
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☒ DELETE

NAME BROWN, J. BROOKS
STREET ADDRESS 3627 UNIVERSITY BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE President ☐ Change ☒ Addition

12 NAME McClain, III, William A.
1.3 STREET ADDRESS 3715 Northside Pky, Ste 105, Bldg 300
1.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE DSTV ☒ DELETE

NAME REINSCHMIDT, TIMOTHY W
STREET ADDRESS 3627 UNIVERSITY BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE VicePres/Secretary ☐ Change ☒ Addition

2.2 NAME McClain, IV, William A.
2.3 STREET ADDRESS 3715 Northside Pky, Ste 105, Bldg 300
2.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE DP ☒ DELETE

NAME BAER, DOUGLAS M.
STREET ADDRESS 3627 UNIVERSITY BLVD. SO
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 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

CR2E034 (10/97)

4000002444974
-03/03/98--01020--029
***150.00