

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

ATX1

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| DOCUMENT # P03000119928 |
| 1. Entity Name JMATHIS CONTRACTING INC |

DO NOT WRITE IN THIS SPACE

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|--|--|
| 2. Principal Place of Business 216 ROYAL PALM COURT Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | | | |
|--|-------------------------|------------------------------------|---|
| City & State PONTE VEDRA BEACH, FL | City & State | 4. FEI Number 01-0801604 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32082-3814 | Country | Zip | Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name MATHIS, JOHN A | |
| Street Address (P.O. Box Number is Not Acceptable) 216 ROYAL PALM COURT | |
| City PONTE VEDRA BEACH | Zip Code 32082 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

U00000106820
04/08/04-90036-008 150.00

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

10. OFFICERS AND DIRECTORS

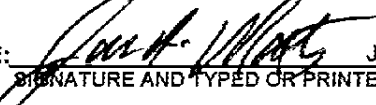
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| TITLE | D |
| NAME | MATHIS, JOHN A. |
| STREET ADDRESS | 216 ROYAL PALM COURT |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHN A. MATHIS **4-9-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #