2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # G74379** 04-16-2004 90082 004 ***150.00 1. Entity Name JVM OF SEBRING, INC. Principal Place of Business Mailing Address 74103147 2543 US 27 SOUTH 2543 US 27 SOUTH SEBRING, FL 33870 US SEBRING, FL 33870 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2350148 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACBETH, J. R. Street Address (P.O. Box Number is Not Acceptable) 2543 US 27 S SEBRING, FL 33870 City Zip Code 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition MACBETH, JANA VAIL NAME 491N.E. DURAND DR. STREET ADDRESS STREET ADDRESS ATLANTA, GA 30307 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition MACBETH, ROBERT MARK Macbeth, Robert Mark 1702 Andalusia St. NAME MAME STREET ADDRESS 230 S COMMERCE STREET ADDRESS SEBRING, FL CITY-ST-ZIP Sebring, FL 33872 CITY-ST-ZIP ☐ Delete TITLE Change XX Addition MACBETH, J. R. NAME NAME STREET ADDRESS 2543 US 27 S STREET ADDRESS 33870 CHY-ST-ZIP SEBRING, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS erizig gradi CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addyss, with all other like empowered.

SIGNATURE:

3/31/04

FILED