2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

May 04, 2004 8:00 am Secretary of State DOCUMENT # J19439 1. Entity Name 05-04-2004 90182 008 ***150.00 A M W MANAGEMENT, INC. Principal Place of Business Mailing Address 1031 JENKS AVE. P.O. BOX 1357 PANAMA CITY FL 32402 1031 JENKS AVE. P.O. BOX 1357 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address P. J. Be X Suite, Apt. #, etc. 731 AIRPORT CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3194869 PANAMA C. PANAM A Not Applicable \$8.75 Additional 5. Certificate of Status Desired 72402 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BODIFORD, LARRY A 101 EAST 23RD STREET AMERICAN NATIONAL BANK BLDG PANAMA CITY FL 32405 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. 4-30-04 (NOTE: Registered Apent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete NAME WILLIAMS, A. MORGAN JR. NAME 73:- FAIRPORT Rd PANAMA City F/ 321405 STREET ADDRESS STREET ADDRESS 801 D JENKS AVE, PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #