2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000018222** 04-14-2004 90016 013 ***150 00 1. Entity Name J.W. CHEATHAM, INC. Mailing Address Principal Place of Business 7396 WESTPORT PL. 7396 WESTPORT PL. 54032688 WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) City & State Applied For City & State 4. FELNumber 02-0606771 Not Applicable Zip Country Zip 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 ATRIUM REGISTERED AGENTS, INC. 7396 WESTPORT PLACE WEST PALM BEACH, FL 33413 P51 8. The above named entity submits this elatement for the purpage 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 heathan SIGNATURE 1 (NOTE: Registered Agent sign 9. Election Campaign Financing \$5.00 May Be FIXE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DΡ ☐ Delete TITLE ☐ Change Addition CHEATHAM, JOHN W NAME NAME 7396 WESTPORT PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-ZIP DVS TIFLE Delete TILE ☐ Change Addition UHRIG, THOMAS P NAME NAME STREET ADDRESS 7396 WESTPORT PL. STREET ADDRESS WEST PALM BEACH, FL 33413 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary TITI F ☐ Delete TITI F [] Change 4-Audition Sherry Brown Place NAME STREET ADDRESS STREET ADDRESS West Palm Brach, FL 33413 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 empty yered to exocute 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 attackmight with an address yet that some contents of the corporation SIGNATURE: 1

FILED