FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:39

DOCUMENT # 214965 (6)

1. Corporation Name
W. B. FLEMING CO.

Principal Place of Business	Mailing Address
146 S.CENTRAL AVE. P O BOX 1409 TIFTON GA 31794	146 S.CENTRAL AVE. P O BOX 1409 TIFTON GA 31794

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1958
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-0841802 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCOTT, WILLIAM W.
1987 BEACH AVE.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK D.A.	1.2 NAME	
STREET ADDRESS	1119 MONTEGO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, WILLIAM W.	2.2 NAME	
STREET ADDRESS	1987 BEACH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, SARA F.	3.2 NAME	
STREET ADDRESS	1987 BEACH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, C.A.	4.2 NAME	
STREET ADDRESS	RT 4 BOX 468	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON, GA 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HANSON, EDGAR C	5.2 NAME	
STREET ADDRESS	2808 SHANNON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31707	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KILPATRICK, LYNN F	6.2 NAME	
STREET ADDRESS	1119 MONTEGO ROAD, EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William W. Scott President 1-16-95 912/382-7821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400290 FP