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Jan 26, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 214965

1. Corporation Name

W. B. FLEMING CO.

Principal Place of Business

146 S.CENTRAL AVE.
P O BOX 1409
TIFTON GA 31794

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, WILLIAM W.

W. B. 1987 BEACH AVE.

ATLANTIC BEACH FL 32283

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME KIRKPATRICK D.A.
STREET ADDRESS 1119 MONTEGO ROAD
CITY-ST-ZIP JACKSONVILLE, FL 00000

DELETE

TITLE PD
NAME SCOTT, WILLIAM W.
STREET ADDRESS 1987 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL

DELETE

TITLE SD
NAME SCOTT, SARA F.
STREET ADDRESS 1987 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL

DELETE

TITLE TD
NAME BALDWIN, C.A.
STREET ADDRESS RT 4 BOX 468
CITY-ST-ZIP TIFTON, GA 00000

DELETE

TITLE D
NAME HANSON, EDGAR C
STREET ADDRESS 2808 SHANNON ROAD
CITY-ST-ZIP ALBANY GA 31707

DELETE

TITLE D
NAME KILPATRICK, LYNN F.
STREET ADDRESS 1119 MONTEGO ROAD, EAST
CITY-ST-ZIP JACKSONVILLE FL 32216

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(11/98)