

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214965

FILED
Jan 18, 2007
Secretary of State

Entity Name: W. B. FLEMING CO.

Current Principal Place of Business:

102 S.CENTRAL AVE.
P O BOX 1409
TIFTON, GA 31794 US

New Principal Place of Business:

102 S.CENTRAL AVE.
TIFTON, GA 31794 US

Current Mailing Address:

102 S.CENTRAL AVE.
P O BOX 1409
TIFTON, GA 31794 US

New Mailing Address:

102 S.CENTRAL AVE.
TIFTON, GA 31794 US

FEI Number: 59-0841802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, WILLIAM W.
1987 BEACH AVE.
ATLANTIC BEACH, FL 32283 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KIRKPATRICK, DON A. VP
Address: 1470 HARRINGTON PARK DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PD () Delete
Name: SCOTT, WILLIAM W. P
Address: 1987 BEACH AVE.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: SD () Delete
Name: SCOTT, SARAH F. SEC.
Address: 1987 BEACH AVE.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: TD () Delete
Name: BALDWIN, CHARLES A. TREAS
Address: RT 4 BOX 468
City-St-Zip: TIFTON, GA 00000, GA 31794 US

Title: D () Delete
Name: HANSON, EDGAR C D
Address: 2808 SHANNON ROAD
City-St-Zip: ALBANY, GA 31707 US

Title: D () Delete
Name: KIRKPATRICK, LYNN F D
Address: 1470 HARRINGTON PARK DR
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. SCOTT

PRES

01/18/2007

Electronic Signature of Signing Officer or Director

Date