

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90133 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G81286**  
 1. Corporation Name  
**FLEMING'S CHATTAHOOCHEE SERVICE, INC.**

Principal Place of Business  
**C/O ROBERT PAUL FLEMING  
 14301 MUSTANG TRAIL  
 FT. LAUDERDALE FL 33330**

Mailing Address  
**C/O ROBERT PAUL FLEMING  
 14301 MUSTANG TRAIL  
 FT. LAUDERDALE FL 33330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**01/30/1984**

4. FEI Number  
**59-2385665**

5. Certificate of Status Desired  **\$8.75** Additional Fees 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

9. Name and Address of Current Registered Agent  
**FLEMING, ROBERT PAUL  
 14301 MUSTANG TRAIL  
 FT. LAUDERDALE FL 33330**

10. Name and Address of New Registered Agent  
 84 Name **Robert Paul Fleming II**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **14301 Mustang Trail**  
 84 City **Ft. Lauderdale FL** 85 Zip Code **33330**

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 *Robert Paul Fleming II* DATE **1/8/99**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLEMING, ROBERT PAUL</b>	
STREET ADDRESS	<b>14301 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLEMING, PHYLLIS JEAN</b>	
STREET ADDRESS	<b>14301 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Fleming, Robert Paul II</b>	
1.3 STREET ADDRESS	<b>14301 Mustang Trail</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33330</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Robert Paul Fleming II* **AIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/99** **9544343155**  
Date Daytime Phone #

CR2E034 (1/98)