

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 214529

(0)

1. Corporation Name

FLEMING & SONS, INC.

Principal Place of Business

464 CASSAT AVE 32205
PO BOX 60217
JACKSONVILLE FL 32236

Mailing Address

464 CASSAT AVE 32205
PO BOX 60217
JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1958

3a. Date of Last Report

04/22/1994

4. FEI Number

59-0843505

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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

2a. Mailing Address

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, E KENT
464 CASSAT AVE.
JACKSONVILLE FL 32205

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

E Kent Fleming

Signature (Typed or Printed Name of Registered Agent or Person Applying)

(NOTE: Registered Agent signature required when registering)

DATE

4-28-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

SOT
ODOM, JANET M.
8640 BUTTERCUP ST
JACKSONVILLE, FL 32200

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

ODOM, JANET M.
Rt. 2 Box 6003
Bryceville FL 32009

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
FLEMING, E KENT
588 SEABROOK COVE RD
JACKSONVILLE, FL 32200

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD
GREEN, ROBERT R.
2700 NEW BERLIN RD
JACKSONVILLE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TD
FLEMING, E.K.
P.O. BOX 880177 N/A
ST. AUGUSTINE FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

E Kent Fleming

SIGNATURE AND APPLIED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-28-95

Date

904-783-1240

Telephone #