

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **214529** (0)

1. Corporation Name

FLEMING & SONS, INC.



Principal Place of Business

464 CASSAT AVE 32205 32254
PO BOX 60217
JACKSONVILLE FL 32236

Mailing Address

464 CASSAT AVE 32205 32254
PO BOX 60217
JACKSONVILLE FL 32236

3. Date Incorporated or Qualified

08/09/1958

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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 32254

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

TITLE

SDT
ODOM, JANET M
RT 2 BOX 8003 N/A
BRYCEVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD
FLEMING, E KENT
588 SEABROOK COVE RD
JACKSONVILLE, FL 00000

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

SDT VP-Finance
Janet M. Odom
Rt. 2 Box 800Z
Bryceville, FL 32009

☒ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

VP-St Aug Brance
E. K. Fleming, Jr.
P.O. Box 860177
St. Augustine, FL 32086

☒ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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:

Janet M. Odom

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

Date

783-1240

Daytime Phone #

CR2E034 (12/95)