

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90140 016 \*\*\*150.00

DOCUMENT # 214529

1. Corporation Name  
FLEMING & SONS, INC.

Principal Place of Business  
464 CASSAT AVE 32254  
PO BOX 60217  
JACKSONVILLE FL 32236  
US

Mailing Address  
464 CASSAT AVENUE 32254  
PO BOX 60217  
JACKSONVILLE FL 32236  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1958

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, KENT SR  
464 CASSAT AVE.  
JACKSONVILLE FL 32254

81 Name

Janet Odom Cardell

82 Street Address (P.O. Box Number is Not Acceptable)

464 Cassat Avenue

83

84 City

Jacksonville, FL

FL

85 Zip Code  
32254

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.

4-8-99

SIGNATURE

*Janet Odom Cardell*

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 SDT ☐ DELETE  
NAME ODOM, JANET M  
STREET ADDRESS RT 2 BOX 8003 N/A  
CITY-ST-ZIP BRYCEVILLE FL

1.1 TITLE SDT ☒ Change ☐ Addition  
1.2 NAME Janet Odom Cardell  
1.3 STREET ADDRESS Rt 2 Box 800Z  
1.4 CITY-ST-ZIP Bryceville, FL 32009

TITLE VD ☐ DELETE  
NAME GREEN, ROBERT R.  
STREET ADDRESS 2700 NEW BERLIN RD  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Robert R. Green  
2.3 STREET ADDRESS 2700 New Berlin Rd  
2.4 CITY-ST-ZIP Jacksonville, FL

TITLE PD ☒ DELETE  
NAME FLEMING, E K SR  
STREET ADDRESS 4397 CEDAR RD  
CITY-ST-ZIP ORANGE PARK FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Deceased 2-11-99  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE VD ☐ Change ☒ Addition  
4.2 NAME H. George Hill  
4.3 STREET ADDRESS 576 Seabrook Cove Rd  
4.4 CITY-ST-ZIP Jacksonville, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Janet Odom Cardell* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

904 783-1240

Daytime Phone #

CR2E034 (11/98)