2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT						FIĽED				
DOCUMENT # 214529 1. Entity Name FLEMING & SONS, INC.					04 APR 29 PH 1:20					
				ALLES .		SECHETAI TALLAHAS	IL OF STA	ΓE		
Principal Plac 464 CASSAT PO BOX 602 JACKSONVILI	AVE 32254	Mailing Address 464 CASSAT AVENUE 32 PO BOX 60217 JACKSONVILLE, FL 3223								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092004	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number 59-0843				plied For	
- Zip	Country Zip		Country			f Status Desired		B.75 Add	litional	
	6. Name and Address of Curren	t Registered Agent	NI			Address of New	Registered Ag	ent		
					ge Hill					
464 CASSAT AVE. JACKSONVILLE, FL 32254			464	Street Address (P.O. Box Number is Not Acceptable) 464 Cassat Avenue						
	ζ.		City			, ,		- Zin Cod		
8. The above named entity submits this statement for the purpose of changing its registe				City Jacksonville				<b>FL</b> [32252		
SIGNATURE.	Signature. Typed or printed name of registered	A and litle if applicable. (NOTE: I 9. Election Campaig	Registered Agent signa		when reinstating)	7-20				
Am 10.	orficers ANI	Trust Fund Contrit	ution. □		ed to Fees	HANGES TO OF			C (6) 4 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ODOM-CARDELL, JANET 13961 ODIE ROAD	Delete	TITLE NAME STREET ADDRESS			00039 0/04010	E	Change	Addition	
TITLE	JACKSONVILLE, FL 32220 PD	Delete	CITY-ST-ZIP TITLE					] Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP	GREEN, ROBERT R. 2700 NEW BERLIN RD JACKSONVILLE, FL		NAME STREET ADDRESS CITY-ST-ZIP				_	_ •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, H. GEORGE 576 SEABROOK COVE RD JACKSONVILLE, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Hill 464 Jack	. H. Geor Cassat Av sonville.	rge Venue Florida	, F	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ľ	] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ē	] Change	Addition	
of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that my powered to execute this report as	/ signature shall	have the s	same legal effect.	as it made under	roath that I am	an officer	or director	
SIGNAT	SIGNATURE: HILL H. George Hill SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR					4/9/04	<b></b> .		<u>.</u>	
	SIGNATURE AND PPED OF	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR			Date	Dayti	me Phone #		