

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214529

Entity Name: FLEMING & SONS, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

464 CASSAT AVE 32254
JACKSONVILLE, FL 32236 US

New Principal Place of Business:

300 PLAZA DRIVE
VESTAL, NY 13850 US

Current Mailing Address:

300 PLAZA DRIVE
VESTAL, NY 13850 US

New Mailing Address:

FEI Number: 59-0843505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, H. GEORGE
464 CASSAT AVE 32254
JACKSONVILLE, FL 32236 US

Name and Address of New Registered Agent:

WEST FL DISTRIBUTORS - C/O TRACEY KLUMPP
4500 CARMICHAEL AVE
SARASOTA, FL 34234 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRACEY KLUMPP

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: GREEN, ROBERT R.,
Address: 2700 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL

Title: VST (X) Delete
Name: HILL, H. GEORGE
Address: 464 CASSAT AVE 32254
City-St-Zip: JACKSONVILLE, FL 32236 US

Title: P () Delete
Name: KOFFMAN, BURTON I,
Address: 300 PLAZA DRIVE
City-St-Zip: VESTAL, NY 13850

Title: VP () Delete
Name: KOFFMAN, DAVID L,
Address: 300 PLAZA DRIVE
City-St-Zip: VESTAL, NY 13850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. KOFFMAN

VP

04/24/2008

Electronic Signature of Signing Officer or Director

Date