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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 225175 (9)

1. Corporation Name

FLEMING BROTHERS MACHINE WORKS, INC.

Principal Place of Business

8600 THOMAS DR STE 1103A
PANAMA CITY BEACH FL 32408-4749

Mailing Address

P.O. BOX 9067
PANAMA CITY BEACH FL 32417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1959

3a. Date of Last Report
04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-2529512

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, MAX
8600 THOMAS DR
SUITE 1103A
PANAMA CITY FL 32408

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 the 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 of person or persons registered agent and the corporation

(Print Name of Registered Agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FLEMING, MAX
STREET ADDRESS 8600 THOMAS DR STE 1103A
CITY ST ZIP PANAMA CITY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE VD
NAME FLEMING, GEORGE R.
STREET ADDRESS 8600 THOMAS DR STE 1103A
CITY ST ZIP PANAMA CITY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE SD
NAME FLEMING, MAXIE
STREET ADDRESS 8600 THOMAS DR STE 1103A
CITY ST ZIP PANAMA CITY FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE
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 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: MAX FLEMING

Max Fleming, Pres 4/27/95 2340751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of