FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

* CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:49

DOCUMENT # G29414 (1)

1. Corporation Name
THE FLEMING GROUP, INC.

Principal Place of Business	Mailing Address
1025 NW 17TH AVE STE B DELRAY BEACH FL 33445 US	1025 NW 17TH AVENUE A-B DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1983
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 218 NE. 3RD STREET
22: Suite, Apt. #, etc.
23: City & State: BOYNTON BEACH FL
24: Zip: 33435
25: Country: PALM BCH

2a. Mailing Address
26: POST OFFICE BX 550
27: Suite, Apt. #, etc.
28: City & State: BOYNTON BCH FL
29: Zip: 33425
30: Country: PALM BCH

4. FEI Number: 59-2276638 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEMING, R. DEAN
1025 NW 17TH AVE
STE B
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

91 Name: DEAN FLEMING
92 Street Address (P.O. Box Numbers Not Acceptable): 218 NE. 3RD STREET
93
94 City: BOYNTON BEACH FL 95 Zip Code: 33435

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: Dean Fleming DEAN FLEMING 1-11-95
Signature of, and 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	PD	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	FLEMING, R. DEAN	1.2 NAME	DEAN FLEMING	
STREET ADDRESS	1025 NW 17TH AVE SUITE A	1.3 STREET ADDRESS	218 NE. 3RD STREET	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	FLEMING, THELMA M.	2.2 NAME		
STREET ADDRESS	1025 NW 17TH AVE STE A	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	FLEMING, LINDA	3.2 NAME		
STREET ADDRESS	1025 NW 17TH AVE STE A	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Dean Fleming Pres DEAN FLEMING 1-11-95 407 737-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267700 CP