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FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H11430 (6)  
1. Corporation Name  
JOHN M. FLEMING INC.



Principal Place of Business

913 C S PARSONS AVE.  
BRANDON FL 33511

Mailing Address

913 C S PARSONS AVE.  
BRANDON FL 33511

JOHN M. FLEMING  
3038 WISTER CIRCLE  
VALRICO, FL 33594

JOHN M. FLEMING  
3038 WISTER CIRCLE  
VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

07/09/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 JOHN M. FLEMING  
3038 WISTER CIRCLE  
VALRICO, FL 33594

23 Zip Country

24 HILLSBOROUGH

2a. Mailing Address

26 Suite, Apt. #, etc.

27 JOHN M. FLEMING  
3038 WISTER CIRCLE  
VALRICO, FL 33594

28 Zip Country

29 HILLSBOROUGH

4. FEI Number

25-1219640

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEMING, JOHN M  
913 C SOUTH PARSONS AVE.  
BRANDON FL 33511

10. Name and Address of New Registered Agent

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 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

Signature, type and print name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/98

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME FLEMING, JOHN M  
STREET ADDRESS 913 C S. PARSONS AVE.  
CITY-ST-ZIP BRANDON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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 its 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

*[Signature]*

2/24/98

913 C S PARSONS AVE

CR2E034 (10/97)