

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M68922 (7)

1. Corporation Name

FLEMING HOMES, INC.

Principal Place of Business

801 MARAVAL CT.
LONGWOOD FL 32750
US

Mailing Address

801 MARAVAL CT.
LONGWOOD FL 32750
US



3. Date Incorporated or Qualified

02/19/1988

3a. Date of Last Report

07/11/1995

4. FEI Number

59-2875564

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

2. Principal Place of Business

21 720 Keeneland Pike

Suite, Apt #, etc.

22

City & State

23 Lake Mary FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

26 720 Keeneland Pike

Suite, Apt #, etc.

27

City & State

28 Lake Mary FL

Zip

29 32746

Country

30 USA

9. Name and Address of Current Registered Agent

FLEMING, LAWRENCE F.
801 MARAVAL CT.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Fleming, Lawrence F.

82 Street Address (P.O. Box Number is Not Acceptable)

720 Keeneland Pike

83

84 City

Lake Mary

FL

85 Zip Code

32746

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

Lawrence F. Fleming, Pres.

Lawrence F. Fleming, Pres.

6/12/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

Date

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FLEMING, LAWRENCE F.
STREET ADDRESS 801 MARAVAL CT.
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE ST
NAME FLEMING, LAWRENCE F.
STREET ADDRESS 801 MARAVAL CT.
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Pres/owner ☒ Change ☐ Addition

12 NAME Fleming, Lawrence F.

13 STREET ADDRESS 720 Keeneland Pike

14 CITY-ST-ZIP Lake Mary FL 32746

21 TITLE ST

22 NAME Fleming, Lawrence F.

23 STREET ADDRESS 720 Keeneland Pike

24 CITY-ST-ZIP Lake Mary FL 32746

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence F. Fleming, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (407)323-0606

Daytime Phone

CR2E034 (3/96)