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
95 JAN 25 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032767 (4)**

1. Corporation Name
FLEMING KITCHENS, INC.

Principal Place of Business	Mailing Address
1025 N.W. 17TH AVE. SUITE A DELRAY BEACH FL 33445	1025 N.W. 17TH AVE. SUITE A DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 2636 OLD OKEECHOBEE RD.
22 Suite, Apt. #, etc.:
23 City & State: WEST PALM BEACH, FL.
24 Zip: 33409
25 Country: PALM BCH

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

4. FEI Number: 65-0427506 ☐ 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 N.W. 17TH AVE.~~
~~SUITE A~~
~~DELRAY BEACH FL 33445~~

10. Name and Address of New Registered Agent

81 Name: R. DEAN FLEMING
82 Street Address (P.O. Box Number is Not Acceptable): ~~2636 OLD~~
83: 218 N.E. 3RD STREET
84 City: ~~BOYNTON BCH.~~ ~~WEST PALM BEACH~~ FL
85 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: R. Dean Fleming R. DEAN FLEMING 1-14-95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PF~~	1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	~~FLEMING, R. DEAN~~	1.2 NAME	LINDA C. FLEMING	
STREET ADDRESS	~~1025 N.W. 17TH AVE., SUITE A~~	1.3 STREET ADDRESS	~~2636~~ 218 N.E. 3RD STREET	
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~	1.4 CITY-ST-ZIP	~~WEST PALM BCH FL 33~~ BOYNTON BCH FL 334	
TITLE	~~STD~~	2.1 TITLE	VICE PRES	☒ Change ☐ Addition
NAME	~~FLEMING, LINDA~~	2.2 NAME	R. DEAN FLEMING	
STREET ADDRESS	~~1025 N.W. 17TH AVE., SUITE A~~	2.3 STREET ADDRESS	~~SAME~~	
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~	2.4 CITY-ST-ZIP	~~WEST PALM BCH FL~~	
TITLE	~~D~~	3.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	~~FLEMING, THELMA~~	3.2 NAME	LINDA C. FLEMING	
STREET ADDRESS	~~1025 N.W. 17TH AVE., SUITE A~~	3.3 STREET ADDRESS	218 N.E. 3RD STREET	
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~	3.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33	
TITLE		4.1 TITLE	VICE PRES.	☒ Change ☐ Addition
NAME		4.2 NAME	R. DEAN FLEMING	
STREET ADDRESS		4.3 STREET ADDRESS	218 N.E. 3RD STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33	
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)(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 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: R. Dean Fleming R. DEAN FLEMING 1-14-95 407 628-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
407-737-0552

0267700 CP