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CORPORATION ANNUAL REPORT
1995

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

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

DOCUMENT # S83347 (2)

1. Corporation Name
FLEMING CONTRACTING, INC.

Principal Place of Business	Mailing Address
1025 NW 17TH AVE SUITE B DELRAY BEACH FL 33435 US	1025 NW 17TH AVE A - B DELRAY BCH FL 33445 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 218 N.E. 3RD STREET	26 POST OFFICE BX 550
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOYNTON BCH. FL	28 City & State: BOYNTON BCH. FL.
24 Zip: 33435 25 Country: PALM BCH	29 Zip: 33425 30 Country: PALM BCH

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0285895 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: DEAN FLEMING
82 Street Address (P.O. Box Number is Not Acceptable): 218 N.E. 3RD STREET
83
84 City: BOYNTON 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 — DEAN FLEMING — 1-11-95
Signature, typed or 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	~~PF~~	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	~~FLEMING, R. DEAN~~	1.2 NAME	DEAN FLEMING
STREET ADDRESS	~~1025 NW 17TH AVE SUITE B~~	1.3 STREET ADDRESS	218 N.E. 3RD STREET
CITY-ST-ZIP	~~DELRAY BEACH FL~~	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	~~STD~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~FLEMING, LINDA E.~~	2.2 NAME	
STREET ADDRESS	~~1025 NW 17TH AVE SUITE B~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~FLEMING, THELMA~~	3.2 NAME	
STREET ADDRESS	~~1025 NW 17TH AVE SUITE B~~	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)(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 PRES DEAN FLEMING 1-11-95 407-737-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267606 CP