


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P35199**  
 1. Entity Name  
**FLEMING BUILDING COMPANY, INCORPORATED**



Principal Place of Business      Mailing Address  
 1001 FORT GIBSON RD.      P. O. BOX 470468  
 PORT OF CATOOSA, OK 74015      TULSA, OK 74147-0468 US

**DO NOT WRITE IN THIS SPACE**



03112004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**73-0682934**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000091340  
 03/18/04-80006-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, RAYMOND A., JR. 2021 E. 44TH ST. TULSA, OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, CHRISTINE R. 2021 E. 44TH ST. TULSA, OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HASTINGS, KATHEREN ROUTE 8 CLAREMORE, OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katheren J. Hastings, President      3/18/04 918-627-2800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #