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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 371474

(8)

1. Corporation Name
JEFFERSON-ALLSOPP, INC.



Principal Place of Business
440 S. FLORIDA AVE.
LAKELAND FL 33801-5227
US

Mailing Address
440 S. FLORIDA AVE.
LAKELAND FL 33801-5227
US

3. Date Incorporated or Qualified 10/21/1970	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1305607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

JEFFERSON, JACK
2302 NEVADA ROAD
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	JEFFERSON, JACK	
STREET ADDRESS	2302 NEVADA ROAD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POLLARD, JAMES S.	
STREET ADDRESS	440 S. FLORIDA AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWLES, SAMUEL P.	
STREET ADDRESS	440 S. FLORIDA AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WILSON, H.WAYNE	
STREET ADDRESS	440 S. FLORIDA AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	POLLARD, JAMES S. III	
STREET ADDRESS	440 S. FLORIDA AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, BRANT C	
STREET ADDRESS	440 SOUTH FLORIDA AVENUE	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pollard, James S.
2.3 STREET ADDRESS	440 S. Florida Ave.
2.4 CITY - ST - ZIP	Lakeland, Fl. 33801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Martin, Brant C.
6.3 STREET ADDRESS	440 South Florida Ave.
6.4 CITY - ST - ZIP	Lakeland, Fl. 33801

14. I do 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 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: *H. Wayne Wilson* H. WAYNE WILSON 1-21-97 941-688-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

J-A

JEFFERSON-ALLSOPP, INC.

Insurance

440 SOUTH FLORIDA AVENUE

P.O. Box 3667

LAKELAND, FLORIDA 33802-3667

PHONE 688-7691

FAX 683-3790

VD

Martin, Mark A.

440 South Florida Ave.

Lakeland, Fl. 33801

D

Stephens, Penelope J.

440 South Florida Ave.

Lakeland, Fl. 33801



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