

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT #** *N98000004194*  
 1. Corporation Name:  
**JEFFERSON ARTS INC.**

Principal Place of Business: **MONTICELLO, FL**  
 Mailing Address: **P.O. BOX 1115 32345**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **MARCH 4, 1997**

4. FEI Number: **59-3453990** 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**WILLIAM G. MOON**  
**970 E. PEARL ST**  
**MONTICELLO, FL 32344**

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 607.0102 and 607.0106, 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: \_\_\_\_\_ (Not Registered Agent Signature Agent or Incorporating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
<input type="checkbox"/> DELETE		PD	WILLIAM G. MOON
		970 E. PEARL ST	
		MONTICELLO, FL 32344	
<input type="checkbox"/> DELETE		VO	GAIL VALDERRAMA
		RT. 3 BOX 116-3D	
		MONTICELLO, FL 32344	
<input type="checkbox"/> DELETE		TD	NEIL GRAVES
		605 W. MADISON	
		MONTICELLO, FL 32344	
<input type="checkbox"/> DELETE		BD	BARBARA HOOK
		RT. 4 BOX 40985	
		MONTICELLO, FL 32344	
<input type="checkbox"/> DELETE		D	MARGRET BRINSON
		435 N. JEFFERSON ST.	
		MONTICELLO, FL 32344	
<input type="checkbox"/> DELETE		70000254494	
		-06/02/98--01087--006	
		***150.00	

14. 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 annual report or supplementary 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 incorporator or a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or each statement with an address.

**SIGNATURE:** *William G. Moon* - **WILLIAM G. MOON** **5/14/98** **997-5374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/97)