

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG - 8 AM 4:15

DOCUMENT # P11133 (6)

1. Corporation Name
THE JEFFERSON OIL & GAS COMPANY

Principal Place of Business	Mailing Address
1700 NINTH ST N STE C SUITE 6 ST. PETERSBURG FL 33704	1700 NINTH ST N STE C SUITE 6 ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/14/1986		3a. Date of Last Report 07/29/1994	
4. FEI Number 59-6076527		Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAYNARD, WILLIAM T., JR. 100 SECOND AVENUE SOUTH SUITE 1202 ST. PETERSBURG FL 33701				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1700 9th St. No. 83 Suite C 84 City St. Petersburg FL 85 Zip Code 33704			

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: *W. T. Baynard* DATE: **8/3/95**
Signature, hand or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNARD, WILLIAM T., JR.	1.2 NAME	
STREET ADDRESS	100 SECOND AVENUE SOUTH	1.3 STREET ADDRESS	1700 9th St. No.
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	St. Petersburg, FL 33704
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, WILLIAM N.	2.2 NAME	
STREET ADDRESS	300 CORTEZ	2.3 STREET ADDRESS	32303
CITY - ST - ZIP	TALLAHASSEE FL 32303	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNARD, WILLIAM T., SR.	3.2 NAME	
STREET ADDRESS	1700 NINTH STREET NORTH	3.3 STREET ADDRESS	33704
CITY - ST - ZIP	ST. PETERSBURG FL 33704	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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 on an attachment with an address.

SIGNATURE: *W. T. Baynard, PRES.* DATE: **8/3/95** (813) 814-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Jurisdiction)
 W. T. BAYNARD, SR., PRES.

CR2E034 (3/95)