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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071375

1. Corporation Name
JEFFERS CONSULTING SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 14580 S. TAMIAMI TRAIL, UNIT F NORTH PORT FL
Mailing Address: 14580 S. TAMIAMI TRAIL, UNIT F NORTH PORT FL

3. Date Incorporated or Qualified: 08/14/1998

2. Principal Place of Business: 21 4404 Wabasso Avenue
2a. Mailing Address: 26 4404 Wabasso Avenue

4. FEI Number: 65-0852613
Applied For: Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State: North Port, FL
28 City & State: North Port, FL

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

24 Zip: 34287 25 Country: USA
29 Zip: 34287 30 Country: USA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPARULO, DAVID J
14580 S. TAMIAMI TRAIL, UNIT F
NORTH PORT FL

81 Name: James S. Jeffers
82 Street Address (P.O. Box Number is Not Acceptable): 4404 Wabasso Avenue
83
84 City: North Port FL 85 Zip Code: 34287

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: James S. Jeffers, President, 3-3-99
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP and checkboxes for Delete, Change, Addition.

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 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, with all other like empowered.

SIGNATURE: James S. Jeffers, 3-3-99, 941-423-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)