

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:09

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**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

3. Date Incorporated or Qualified
10/21/1970

3a. Date of Last Report
03/07/1994

4. FEI Number
59-1305607

5. Certificate of Status Desired
 \$8.75 Additional Fee Required
 \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

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. City
84. City
85. Zip Code
FL

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.

12. SIGNATURE

Supersede, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
VDC	JEFFERSON, JACK 2302 NEVADA ROAD LAKELAND FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	POLLARD, JAMES S. 440 S. FLORIDA AVE. LAKELAND FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
D	BOWLES, SAMUEL P. 440 S. FLORIDA AVE. LAKELAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EVD	WILSON, H.WAYNE 440 S. FLORIDA AVE LAKELAND FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
SDT	POLLARD, JAMES S. III 440 S. FLORIDA AVE LAKELAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	MARTIN, BRANT C 440 SOUTH FLORIDA AVENUE LAKELAND FL	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 type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 110.07(3)(b), 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 007, 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** **2-3-95** **813-688-7691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-A

JEFFERSON-ALLSOPP, INC.

Insurance

440 SOUTH FLORIDA AVENUE

P.O. Box 3667
LAKELAND, FLORIDA 33802-3667
PHONE 688-7691
FAX 683-3790

Additional Officers and Directors

V/D

Mark Martin
440 S. Florida Ave.
Lakeland, Fl. 33801

D

Penelope Stephens
3326 Kilmer Drive
Lakeland, Fl. 33803



"All Forms of Insurance Since 1925"

