

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **371474** (8)

1. Corporation Name
JEFFERSON-ALLSOPP, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified 10/21/1970	3a. Date of Last Report 02/08/1995
4. FEI Number 59-1305607	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 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 Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEFFERSON, JACK
2302 NEVADA ROAD
LAKELAND FL 33802**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDC	TITLE	VD
NAME	JEFFERSON, JACK	12 NAME	Mark Martin
STREET ADDRESS	2302 NEVADA ROAD	13 STREET ADDRESS	440 S. Florida Ave.
CITY-STATE-ZIP	LAKELAND FL	14 CITY-STATE-ZIP	Lakeland, FL. 33801
TITLE	PD	21 TITLE	D
NAME	POLLARD, JAMES S.	22 NAME	Penelope Stephens
STREET ADDRESS	440 S. FLORIDA AVE.	23 STREET ADDRESS	3326 Kilmer Drive
CITY-STATE-ZIP	LAKELAND FL	24 CITY-STATE-ZIP	Lakeland, FL. 33803
TITLE	D	31 TITLE	
NAME	BOWLES, SAMUEL P.	32 NAME	
STREET ADDRESS	440 S. FLORIDA AVE.	33 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	34 CITY-STATE-ZIP	
TITLE	EVD	41 TITLE	
NAME	WILSON, H.WAYNE	42 NAME	
STREET ADDRESS	440 S. FLORIDA AVE	43 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	44 CITY-STATE-ZIP	
TITLE	SDT	51 TITLE	
NAME	POLLARD, JAMES S. III	52 NAME	
STREET ADDRESS	440 S. FLORIDA AVE	53 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	54 CITY-STATE-ZIP	
TITLE	VD	61 TITLE	
NAME	MARTIN, BRANT C	62 NAME	
STREET ADDRESS	440 SOUTH FLORIDA AVENUE	63 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	64 CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier entry 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** 3-21-96 941-688-7691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)