

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

FILED

**Jan 20 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 # 371474 (8)
1. Corporation Name
JEFFERSON-ALLSOPP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
440 S. FLORIDA AVE. LAKELAND FL 33801-5227 US

3. Date Incorporated or Qualified
10/21/1970

4. FEI Number **59-1305607** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

84 City **FL** 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **VDC JEFFERSON, JACK**

STREET ADDRESS **2302 NEVADA ROAD**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **PD POLLARD, JAMES S.**

STREET ADDRESS **440 S. FLORIDA AVE.**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **D BOWLES, SAMUEL P.**

STREET ADDRESS **440 S. FLORIDA AVE.**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **EVD WILSON, H.WAYNE**

STREET ADDRESS **440 S. FLORIDA AVE**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **SDT POLLARD, JAMES S. III**

STREET ADDRESS **440 S. FLORIDA AVE**

CITY-ST-ZIP **LAKELAND FL**

TITLE DELETE

NAME **VD MARTIN, BRANT C**

STREET ADDRESS **440 SOUTH FLORIDA AVENUE**

CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **VD Pollard, James S.**

2.3 STREET ADDRESS **440 S. Florida Ave.**

2.4 CITY-ST-ZIP **Lakeland, FL, 33801**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **PD Martin, Brant C.**

6.3 STREET ADDRESS **440 S. Florida Ave.**

6.4 CITY-ST-ZIP **Lakeland, FL, 33801**

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.

SIGNATURE *[Handwritten Signature]* 1-9-97

CR2E034 (10/97)