


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90058 024 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 371474**  
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/21/1970	4. FEI Number 59-1305607	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	JEFFERSON, JACK	
STREET ADDRESS	2302 NEVADA ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLLARD, JAMES S.	
STREET ADDRESS	440 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWLES, SAMUEL P.	
STREET ADDRESS	440 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WILSON, H.WAYNE	
STREET ADDRESS	440 S. FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	POLLARD, JAMES S. III	
STREET ADDRESS	440 S. FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, BRANT C	
STREET ADDRESS	440 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pollard, James S.
2.3 STREET ADDRESS	440 S. Florida Ave.
2.4 CITY-ST-ZIP	Lakeland, Fl. 33801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVD Pollard, James S. III
5.3 STREET ADDRESS	440 S. Florida Ave.
5.4 CITY-ST-ZIP	Lakeland, Fl. 33801
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 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: H. Wayne Wilson Date: 2-10-99 Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)

247747-90058-24  
371474

**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 Officer & Directors:

VD  
Martin, Mark A.  
440 S. Florida Ave. 33801

STD  
Pollard, Walter G.  
440 S. Florida Ave.  
Lakeland, Fl. 33801

New Addition



*"All Forms of Insurance Since 1925"*

