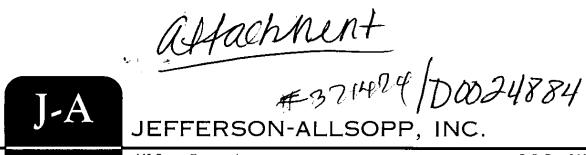
.2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am DOCUMENT # 371474 * **Secretary of State** 1. Entity Name JEFFERSON-ALLSOPP, INC. 03-13-2001 90316 018 ***150.00 Principal Place of Business Mailing Address 440 S. FLORIDA AVE. 440 S. FLORIDA AVE. LAKELAND FL 33801-5227 LAKELAND FL 33801-5227 UUU24884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1305607 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -JEFFERSON, JACK Street Address (P.O. Box Number is Not Acceptable) 2302 NEVADA ROAD LAKELAND FL 33802 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS VDC TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME JEFFERSON, JACK STREET ADDRESS STREET ADDRESS 2302 NEVADA ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE POLLARD, JAMES S. NAME NAME STREET ADDRESS STREET ADDRESS 440 S. FLORIDA AVE. CITY-ST-789 CITY-ST-7IP LAKELAND FL 33801 ☐ Delete ☐ Change Addition TITLE TITLE WILSON, H.WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 440 S. FLORIDA AVE CITY-ST-7IP CITY-ST-789 LAKELAND FL □ Change Addition TITLE EVD ☐ Delete TITLE NAME POLLARD, JAMES S. III NAME STREET ADDRESS STREET ADDRESS 440 S. FLORIDA AVE CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33801 ☐ Change TITLE Delete TITLE Addition MARTIN, BRANT C NAME NAME STREET ADDRESS STREET ADDRESS 440 SOUTH FLORIDA AVENUE CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33801 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRE

H. Wayne Wilson 3-9-01



Insurance

440 SOUTH FLORIDA AVENUE

P. O. Box 3667 Lakeland, Florida 33802-3667 Phone (941) 688-7691 Fax (941) 683-3790

Additional Officers & Directors;

VD Martin, Mark A. 440 South Florida Ave. Lakeland, Fl. 33801

VD Pollard, Walter G. 440 South Florida Ave. Lakeland, Fl. 33801

STD Scott, David W. 440 South Florida Ave. Lakeland, Fl. 33801



