

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 371474

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC3190964706**

**Entity Name:** JEFFERSON-ALLSOPP, INC.

**Current Principal Place of Business:**

439 S. FLORIDA AVE.  
SUITE 201  
LAKELAND, FL 33801

**Current Mailing Address:**

439 S. FLORIDA AVE.  
SUITE 201  
LAKELAND, FL 33801 US

**FEI Number:** 59-1305607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POLLARD, JAMES S III  
439 S. FLORIDA AVE.  
SUITE 201  
LAKELAND, FL 33801 US

*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:** JAMES S POLLARD, III

01/09/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SCOTT, DAVID W  
Address 439 S. FLORIDA AVE.  
SUITE 201  
City-State-Zip: LAKELAND FL 33801

Title SECRETARY, TREASURER, VP  
Name POLLARD, WALTER G  
Address 439 S. FLORIDA AVE.  
SUITE 201  
City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN  
Name MARTIN, BRANT C  
Address 439 S. FLORIDA AVE.  
SUITE 201  
City-State-Zip: LAKELAND FL 33801

Title VP  
Name MARTIN, MARK A  
Address 439 S. FLORIDA AVE.  
SUITE 201  
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT  
Name POLLARD, JAMES S III  
Address 439 S. FLORIDA AVE.  
SUITE 201  
City-State-Zip: LAKELAND FL 33801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES S POLLARD, III

PRESIDENT

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date