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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.



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

DO NOT WRITE IN THIS SPACE

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 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

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  
JEFFERSON, JACK  
STREET ADDRESS  
2302 NEVADA ROAD  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
POLLARD, JAMES S.  
STREET ADDRESS  
440 S. FLORIDA AVE.  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
BOWLES, SAMUEL P.  
STREET ADDRESS  
440 S. FLORIDA AVE.  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
WILSON, H. WAYNE  
STREET ADDRESS  
440 S. FLORIDA AVE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
POLLARD, JAMES S. III  
STREET ADDRESS  
440 S. FLORIDA AVE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD  
Pollard, James S.  
440 S. Florida Ave.  
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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD  
Martin, Brant C.  
440 S. Florida Ave.  
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)(ii), 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

*[Signature]*

1-9-97

CR2E034 (10/97)