


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

0429225

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1970	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1305607	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		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			10. Name and Address of New Registered Agent		
JEFFERSON, JACK 2302 NEVADA ROAD LAKELAND FL 33802			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 _____ (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				



DO NOT WRITE IN THIS SPACE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

Daytime Phone #

CR2E034 (11/98)

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"

