Mar 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 371474

1. Corporation Name

JEFFERS	SON-ALLSO	OPP, INC.						DENERA (1914 FERBA PIRM BURN) PÖRNI FÖRNI I	BIER DIEN BIEN ÉR	11 6.1 1 6 1	1	
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Principal Place	of Business	-	M	lailing Address			 . '''	REIMM CINCO TMORD DEMOT MARKE CORFE C	8491 84811 BIBAL DI	DIR MINER WI	EN 91911 1991	
440 S. FLORIDA AVE. 440 S. FLORIDA AVE.								. '.				
LAKELAND FL 33801-5227 LAKELAND FL 33801-5227							Ì					
US								DO NOT WRITE	IN THIS SPA	CE	~~~~~	
	•						l l	corporated or Qualifed		•		
								/1970				
2. Principal Place of Business			2a. Mailing Address			4. FEI Nu		Applied For				
21			26	<u>.</u>		_	59-13	05607		<u> </u>	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certifca	ite of Status Desired		B.75 A		
22			27.							Fee Rec		
City & State			\vdash	City & State			I	6. Election Campaign Financing \$5.00 May Be				
23	<u></u>		28					und Contribution		Added to	rees	
Zip	· ·	Country	·	Zip	Coun	try		rporation owes the current	t year Intangib · □ Y		∃No	
24	2		29		30			al Property Tax.				
	9. Name a	nd Address of Curre	nt Regis	stered Agent		81 Name	10. Name a	and Address of New Reg	hizraran wasi			
JEFF	ERSON JA	CK .				Name			_			
JEFFERSON, JACK 2302 NEVADA ROAD				Ţ.	82 Street Address (P.O. Box Number is Not Acceptable)							
LAKELAND FL 33802				<u> </u>								
UNINL	בייווט וָ נייוּיים	J002				B3			•			
	*,				ļ.	84 City			85	Zip C	ode	
									FL "	<u> </u>		
office or re	anietorod anor	ns of Sections 607.05 nt, or both, in the State , and accept the oblig	e of Flori	da. Such change was :	autnonzed	by the corp	corporation submit oration's board of d	s this statement for the pu lirectors. I hereby accept t	irpose of chan the appointmen	ging its r nt as reg	egistered istered	
SIGNATURE		-										
	Signature, typed or	printed name of registered ag		if applicable. (NOT	E: Registered A		required when reinstating)	MOCHANICES TO DESIG	DATE AND DI	PECTOR		
12.		printed name of registered ag		if applicable. (NOT	E: Registered A	gent signature i		NS/CHANGES TO OFFIC	CERS AND DI			
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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 of 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, of the analysis of the receiver of the corporation of 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, of the analysis of the receiver of the corporation of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

440 SOUTH FLORIDA AVENUE

LAKELAND FL 33801

Daytime Phone #

247747-90058-24 371474



JEFFERSON-ALLSOPP, INC.

440 SOUTH FLORIDA AVENUE

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

Addional Officer & Directors:

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

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

New Addition



