**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700006842 1. Corporation Name

JEFFREYS REAL ESTATE CORPORATION

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90251 017 \*\*\*150.00



Principal Place of Business Mailing Address					1 -dailes the lett (SEI) Bell	· -=*!! ##!!! ##!	·· # # * * # * * * * * * * * * * * * * *	··· · · · · · · · · · · · · · · ·
210 SR JOSEPH STREET MOBILE AL 36602		THREE RIVERWAY. SUITE 600 HOUSTON TX 77056		DO NOT W	RITE IN TH	IS SPACE		
US					3. Date Incorporated or Qualif	 ed		
					12/24/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21 210 ST JOSEPH STREET 26					72-1396636		N	Applicable
Suite, Apt.		Suite, Apt. #, etc.			Certifcate of Status Desired		•	Additional equired
City & State  23 MOBILE AL		City & State			Electic n Campaign Financing     Trust Fund Contribution		\$5.00 'May Be Added to Fees	
Zip	Country	Zip	Count	у	8. This corporation owes the o	urrent year	Intangible	
24 <b>366</b>		29	30		Personal Property Tax.		☐ Yes	_ <u>No</u>
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registere	d Agent	
О.Т.	COORDINATION CYCTEM		8	1 Name	•			
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		8:	2 Street	Address (P.O. Box Number is Not Acce	eptable)		
	NTATION FL 33324		8	3			<del>- · · · · · - · · · · · · · · · · · · ·</del>	
			8-	4 City			85 Zip	Code
				<u> </u>	d corporation submits this statement for		L	- agistored
office or r	registered agent, or both, in the State of mailiar with, and a cept the obligate	Florida. Such change was	authorized by	y the corp	ooration's board of directors. I hereby ac	cept the app	pointment as re	egistered
SIGNATUF:E	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E· Registered Ag	ent signature	req irred when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		AND DIRECTO	DIRS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		TREASRER/SECRETA	27	Change	Addition
NAME	KIRKSEY, J. MICHAEL		1.2 NAME		SAMUEL R SCIPLE	JIZ		
STREET ADORESS	COMPRESSION OF THE AND		1.3 STRE	ET ADDRESS	210 ST JOSEPH S	5-		
CITY-ST-ZIP	HOUSTON TX 77056		1.4 CITY-	ST-ZIP	MOBILE AL	36602		
TITLE	VP	☐ DELETE	2.1 TITLE				Change	Addition
NAME	FREEMAN, TERRY L		2.2 NAME					
STREET ADDRESS	THREE RIVERWAY SUITE 600		2.3 STRE	ET ADDRESS	3			
CITY-ST-ZIP	HOUSTON TX 77056		2. 4 CITY-	ST-ZIP				
TITLE	AS	☐ DELETE	3.1 TITLE				Change	Addition
NAME	HAGEMAN, JOHN A		3.2 NAME					
STREET ADDRESS	THREE RIVERWAY SUTIE 600		33 STRE	ET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77056		3.4. CITY	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAMI	•				
STREET ADDRESS			4.3 STRE	ET ADDRESS	3			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS	5			
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STRE	ET ADDRESS	3			
	1		C A CITY	CT. 7ID				

6.4CITY-ST-ZIP

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 eath; 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 or an attact-ment with an address, with all other like empowered.

SIGNATURE: