SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P11133

(6)

THE JEFFERSON OIL & GAS COMPANY					
Principal Place	e of Business	Mailing Address			II DIBII DIBII DIBII DIBII DIBII DIBII IN
1700 NINTH ST N STE C SUITE 6 ST. PETERSBURG FL 33704  1700 NINTH ST N STE C SUITE 6 ST. PETERSBURG FL 33704  ST. PETERSBURG FL 33				Date Incorporated or Qualified	
6 Principal D	Inco of Durings	Lan Mailine Address		<b>08/14/1986 4.</b> FEI Number	08/08/1995
2. Principal Pi	lace of Business	2a. Mailing Address 26		59-6076527	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ê	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for i	ntangible tax under s. 199 032
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
BA	YNARD, WILLIAM T. J		<b>B1</b> Name		
1700 9TH STREET NORTH			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
SU	HTE C		83		<del></del>
• ST	PETE FL 33709		83		
_			<b>84</b> City		85 Zip Code
11. Pursuant	10.11.0	100 1007 1500 Fl			FL   S   T   S   S   S   S   S   S   S   S
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was a gations of, Section 607 0505, Fig.	authorized by the corporali orida Statutes	oration submits this statement for the prion's board of directors. I hereby accept	the appointment as registered
SIGNATORE	Signature Typed or pointed name of registered a	agent and title it applicable (NO	IE. Registered Agent signature requ	red when reinstating)	1:Alt
12.	<del></del>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	BAYNARD, WILLIAM T., JR.		. 12 NAME		
STREET ADDRESS	100 SECOND AVENUE SO	UIH	1.3 STREET ADDRESS		
CITY-ST-ZIP	st. Petersburg fl VD	DELETE	1 4 CITY - ST - ZIP		Change Addition
TITLE NAME	DAVIS, WILLIAM N.	[ Defete	2 1 TITLE		Change Monatos
	300 CORTEZ		2 2 NAME		
STREET ADDRESS	TALLAHASSEE FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	2 4 CHY - SI - ZIP 3 1 TITLE		Change   Addition
NAME	Baynard, William T., Sr		3 2 NAME		
STREET ADDRESS	1700 NINTH STREET NOR		3 3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL	•••	3 4 CiTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del>-</del> ·	4 2 NAME		<del></del>
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		ماه
STREET ADDRESS			5 3 STREET ADDRESS		220,
CITY-ST-ZIP	***************************************		5 4 CITY - ST - ZIP	<i>.</i>	11
TITLE		DELETE	6 1 TITLE	40000190	hange Addition
NAME			6 2 NAME	-07/30/96010	i i002
STREET ADDRESS	4		6 3 STREET ADDRESS	40000190 -07/30/96010 ***225.00	
D.T., CT 7/0			E 6 4 0 10 1 0 2 2 0		

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/12 (813) 894-3448