## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **P11133** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90006 012 \*\*\*550.00

THE JEF	FERSON OIL & GAS COMF	ANY					
Principal Place	of Business	Mailing Address			- I SOBSTORE OUT HORY HODD THE O HIS OF HIS	ii misia karati mimii si	1811 B1811 1861
1700 NINTH ST N STE C 1700 NINTH ST N STE C							
STE C STE C							
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed		
					08/14/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	— — ·	plied For
21 26					59-6076527	<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
22 27							<u></u>
City & State	e	City & State			6. Election Campaign Financing	\$5.00   Added to	
23	O	28	Country		Trust Fund Contribution		J F 665
Zip	Country	Zip	_ `	,	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>		□No
24	25		0		10. Name and Address of New Register	<del> </del>	
	9. Name and Address of Curren	t Kedistelen Allent	81	Name	Tu. Wante and Adaless of Item Hegister		
BAYNARD, WILLIAM T. J							
1700 9TH STREET NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE C			83				
ST PETE FL 33709			L				
01121212 00100			84	City	 	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				e-named corr	poration submits this statement for the nurpose	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzea ov	tne corporate	on's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: R	Registered Age	int signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BAYNARD, WILLIAM T., JR.		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BAYNARD, J THOMAS		2.2 NAME				}
STREET ADDRESS	**************************************		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME	BAYNARD, WILLIAM T., SR.	3.21					
STREET ADDRESS	AREA DIMENTA OFFICE MODELL		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3,4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		<del> </del>	Change	☐ Addition
NAME			4, 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u></u>		
TITLE		☐ DELETE	5.1 TITLE		-	Change	☐ Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	•		63 STREE	ET ADDRESS			

CITY-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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

W. T. BAWARD, JR.