Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008423

1. Corporation Name

THE JEFFERSON NATIONAL MANAGEMENT COMPANY

Principal Place	of Business	Mailing Acc	ress				- 1					
1031 W.MORSE	BLVD	1031 W.MOF	ISE BLVD				Ì					
SUITE 250	55.5	SUITE 250										
WINTER PARK I	FL 32789	WINTER PARK FL 32789					Į.	DO NOT WRITE IN THIS SPACE				
US US								3. Da	ate Incorporated or Quali	fed		
								0	2/01/1994			
2 Principal Pl	ace of Business	2a. Mailing	Address				+		El Number			oplied For
	ace of business		radioss				- 1	••	9-3221147			lot Applicable
21		26						<u> </u>	3 322 1 147			
Suite, Apt.	#, etc.	Suite, P	pt. #, etc.					5. C	ertifcate of Status Desire	d 🗆		Additional Required
22 27												
City & State	9	City & State				. }	6. El	lection Campaign Financi	ing []		May Be	
23		28						<u>, Tr</u>	rust Fund Contribution		Added	to Fees
Zip	Country	Zip		Count	try			8. Ti	his corporation owes the	current year Inta	ingible	
24	25	29	3	0				Pe	ersonal Property Tax.		Yes	□No
\ :	9. Name and Address of Current	Registered Ag	ent	<u> </u>			1	10. N	ame and Address of No	ew Registered A	Agent	
			·	8	31	Name						
SWA	nn, hadley d			L								
1031 W.MORSE BLVD				8	32	Street	Address	s (P.O	. Box Number is Not Acc	eptable)		
270	W.MONOL BEND			1	_}							
	TED DADIC EL COTOS			18	33							ļ
WINI	TER PARK FL 32789				34	City					85 Zip	Code
				\ \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*	City				FL	65 2"	
44 Duceupot	to the provisions of Sections 607.0502	and 607 1508	Florida Statutes	the abo	ove-	named	corporal	ation s	ubmits this statement for	the purpose of o	changing i	ts registered
l office or o	egistered agent, or both, in the State of	Florida, Such	change was aut	norizea i	יז עכ	e corpo	oration's	s boar	d of directors. I hereby a	ccept the appoin	itment as i	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section	607.0505, Florid	ta Statut	es.							}
SIGNATURE				_								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					gistered Agent signature requir		required wh			DATE		
12	OFFICERS AND	DIRECTORS		13.			Inn	<u>A</u> D	DITIONS/CHANGES TO	OFFICERS AN		
TITLE	DP		☐ DELETE	1.1 TAL	E		DP				X Change	e
NAME	MCAULIFFE, TERENCE R			1.2 NAV	Œ		McAul	liff	e, Terence R.			(
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 1	I1TH FLR		1.3 STR	EET A	DDRESS	7527	01d	Dominion			}
i	WASHINGTON DC 20006			1.4 CITY	CST.	71D	McI ea	an. 1	VA 22102			
CITY-ST-ZIP	DST		DELETE	2.1 TITL			DST				Change	Addition
ππε									. nd			_ \
NAME	MCAULIFFE, DOROTHY S			2.2 NAW			1		e, Dorothy S.			
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 1	ITIH FLK		2.3 STR	EETA		1		Dominion			i
CITY-ST-ZIP	WASHINGTON DC 20006			2. 4 CIT	Y-ST-	ZiP	McLea	an, J	VA_22102			
TITLE	VP		DELETE	3.1 TITL	Ę			-			Change Change	Addition
-NAME	SWANN, CHRISTIAN M.			3.2 NAM	1E					•		
STREET ADDRESS	1031 W.MORSE BLVD, SUITE 27	70		3,3 STR	EETA	DORESS						
\	WINTER PARK FL	-		3.4. CIT			((
CITY-ST-ZIP			DELETE	4.1 TITL		· ¿IF	+				☐ Change	Addition
TITLE	D DOLLARD D		□ Occess									
NAME	SWANN, RICHARD R			4. 2 NA								Ì
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 2	70		4.3 STR	EETA	DORESS :	1					
CITY-ST-ZIP	WINTER PARK FL 32789			4.4 CITY	/-ST-	ZIP	<u> </u>					
TITLE	VP		DELETE	5.1 TITL	E				_		☐ Change	e ☐ Addition
NAME	ABNER, SHARON B			5.2 NAM	1E							
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 2	70		5.3 STR	EETA	ADDRESS						
i	WINTER PARK FL 32789	•		5.4 CITY	(-ST-	7IP						
CITY-ST-ZIP			DELETE	6.1 TITL			+				☐ Change	Addition
TITLE	ASST		☐ DELETE								Jilonge	
NAME	Brown, Karen M			6.2 NAM]					
	1031 W MORSE RIVE SHITE 2					ADDRESS	,					

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 instance 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

CITY-ST-ZIP

WINTER PARK FL 32789