

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000103156

JEFFERY & JEFFERY, INC.

Mailing Address Principal Place of Business 7479 CONROY ROAD 7479 CONROY ROAD SUITE C SUITE C DO NOT WRITE IN THIS SPACE ORLANDO FL 32835 ORLANDO FL 32835 3. Date Incorporated or Qualifed 12/09/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 59-3546621 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired -Fee Required 27 City & State 8. - Etection Campaign Financing -\$5,00 May Be City & State Added to Fees 23 28 Trust Fund Contribution / Country Country Zlo 8. This corporation owes the current year Intangible
Personal Property Tax. Zip 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JEFFERY, RANDALL E Street Address (P.O. Box Number is Not Acceptable) 82 7479 CONROY ROAD SUITE C 83 ORLANDO FL 32835 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ared againt and title If applicable CR2E034.(11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. □ DELETE Change Addition 1.1 TITLE me Jeffery, Randall E. 12 NAME NAME 9642 McCormack Place 1.3 STREET ADDRESS STREET ADDRESS Windermere, FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE TITLE 21 TIBE Jeffery, RandallE. Jr. 22 NAME NAME 7479 Conroy Rd, C 23 STREET ADDRESS STREET ADORESS Orlando, FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZP CITY-ST-ZIP Addition Change ☐ DELETE TILLE: 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME

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 suppliemental 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 true test 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-ZP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

ORandall E. Jeffery

4/15/99

407/295-2572

FILED

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90005 023 \*\*\*150.00