

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90026 031 ***150.00

DOCUMENT # P97000094095

1. Entity Name

JA-LU DISTRIBUTING COMPANY, INC.

Principal Place of Business

Mailing Address

136 CANDACE DR
 MAITLAND FL 32751
 US

136 CANDACE DRIVE
 MAITLAND FL 32751-3331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501323

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELTON, WILLARD L JR.
136 CANDACE DRIVE
MAITLAND FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHELTON, ANNA M		NAME	
STREET ADDRESS 136 CANDACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		CITY-ST-ZIP	
NAME SHELTON, WILLARD L JR.		NAME	
STREET ADDRESS 136 CANDACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		CITY-ST-ZIP	
NAME SHELTON, HAROLD E		NAME	
STREET ADDRESS 136 CANDACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		CITY-ST-ZIP	
NAME SPEARS, MARCELLA L		NAME	
STREET ADDRESS 136 CANDACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willard L. Shelton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 **407-339-7623**
 Date Daytime Phone #

CR2E034 (9/99)