

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90050 019 ****70.00

DOCUMENT # 717377

1. Entity Name

ALCO-HALL, INC.

Principal Place of Business

Mailing Address

**1215 LAKE DRIVE
 COCOA FL 32922**

**1215 LAKE DRIVE
 COCOA FL 32922-6293**

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

23-7061960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELTON, JONATHAN
 1215 LAKE DR
 COCOA FL 32922**

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

Jonathan Melton - President

3/27/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	CORYE, MICHAEL L
STREET ADDRESS	4800 TOKAY ST
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	IVEY, JUDY
STREET ADDRESS	275 EAGLE LANE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	ST <input type="checkbox"/> Delete
NAME	ELLIS, STEVE
STREET ADDRESS	535 DELANNOY AVE.
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> Delete
NAME	PATRICK, KENNY
STREET ADDRESS	5493 FLINT RD.
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MELTON, JONATHAN
STREET ADDRESS	5540 FAN PALM AVE.
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VAN LEAR, JOHN
STREET ADDRESS	36 CARLTON AVE
CITY-ST-ZIP	COCOA FL 32922

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDCHAIR
STREET ADDRESS	DON GRIFFIN
CITY-ST-ZIP	6535 Pleasant Ave Pt. St. John, FL 32927
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Jonathan Melton
CITY-ST-ZIP	5540 FAN PALM AVE COCOA, FL 32927
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Meria Lenard
CITY-ST-ZIP	1419 Peachtree St. COCOA, FL 32922

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan Melton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000
 Date

321 632-5958
 Daytime Phone #

CR2E037 (9/99)