

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1998 8:00am
Secretary of State

1. Corporation Name
JONVAL, INC.

Principal Place of Business
619 GOLF COURSE DR.
FT. WALTON BEACH FL 32547

Mailing Address
619 GOLF COURSE DR.
FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1997

2. Principal Place of Business *FTWA WEN BCHA*
21 *142-144 MIRACLE FL*
Suite, Apt. #, etc

City & State
FORT WALTON BEACH, FL

Zip	Country
24 32548	25 OKLAHOMA

2a. Mailing Address
26] 619 GOLF CREEK DR
Suite, Apt. #, etc.

27 City & State
28 EAST WATKINS BEACH, CA

29	Zip	32547-1709	Country	OKALDOOS A
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4. FEI Number	Applied For
68-3439642	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution **Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

SHORTALL, JOHN L JR.
619 GOLF COURSE DR.
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	DVT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHORTALL, JOHN L JR.		1.2 NAME		
STREET ADDRESS	619 GOLF COURSE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		1.4 CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHORTALL, VALERIE		2.2 NAME		
STREET ADDRESS	619 GOLF COURSE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: John F. Shuttall, Jr. 5/18/98 85A-862-18

CR2E034 (10/97)