

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90031 012 ***150.00

DOCUMENT # P97000028913

1. Entity Name
JONVAL, INC.

Principal Place of Business

142-144 MIRACLE
 FT. WALTON BEACH FL 32549
 US

Mailing Address

619 GOLF CRSE DR
 FT. WALTON BEACH FL 32547-1709
 US

2. Principal Place of Business

142-144 MIRACLE SQ
 Suite, Apt. #, etc.

3. Mailing Address

619 GOLF CRSE DR
 Suite, Apt. #, etc.

City & State

FT WALTON BEACH, FL

City & State

FT WALTON BEACH, FL

Zip
 32548

Country

OKLAHOMA

Zip

32547

Country

OKLAHOMA

4. FEI Number

59-3439642

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

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

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

TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHORTALL, JOHN L JR.	
STREET ADDRESS	619 GOLF COURSE DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: John L Shortall, Jr JOHN L SHORTALL, JR Date: 4/26/00 Daytime Phone #: 950-882-2668

CR2E034 (9/99)