

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 228282 (0)

1. Corporation Name  
**WALDEN-SPARKMAN INC**

Principal Place of Business

**3120 SOUTH DOVER ROAD  
PO BOX 10  
DOVER FL 33527-7010**

Mailing Address

**3120 SOUTH DOVER ROAD  
PO BOX 10  
DOVER FL 33527-0010  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1959</b>	3a. Date of Last Report <b>02/20/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0876858</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ENGLISH, RODNEY L.  
14029 GAVIN RD  
DOVER FL 33527**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMBARDI, THEODORE</b>	1.2 NAME	
STREET ADDRESS	<b>5106 ROLLING FAIRWAY DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VALRICO FL</b>	1.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLISH, LEROY</b>	2.2 NAME	
STREET ADDRESS	<b>16706 GAVIN RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOVER FL</b>	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTTO, PATRICIA J</b>	3.2 NAME	
STREET ADDRESS	<b>4109 TANNER RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOVER FL</b>	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLISH, RODNEY L</b>	4.2 NAME	
STREET ADDRESS	<b>GAVIN ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOVER FL</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTTO, PATRICIA J.</b>	5.2 NAME	
STREET ADDRESS	<b>4109 TANNER RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOVER FL</b>	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMBARDI, RENATO X</b>	6.2 NAME	
STREET ADDRESS	<b>2240 NE 41ST ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIGHTHOUSE PT FL</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Patricia J. Hutto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-97 813-659-1704

CR2E034 (9/96)