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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

228282

(0)

WALDEN-SPARKMAN INC

**FILED** Feb 20 1998 8:00am Secretary of State

rincipal Place of B	usiness	Mailing Address				T TO BREAK HER				
8120 SOUTH DOVER ROAD PO BOX 10 DOVER FL 33527-7010		3120 SOUTH DOVER ROAD PO BOX 10 DOVER FL 33257-0010 US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						09/24/1959				
Principal Place o	of Business	2a. Mailing Ad	ldress			4. FEI Number	Applied For			
		26				59-0876858	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Zip	Country 25	Zip <b>29</b>	Co 30	untry	'	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes \[ \] No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	I, RODNEY L.			81	Name					
	avin RD Fl. 33527			82						
				83						

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

84 City

agent. La	egistered agent, or both, in the state of Florid. m familiar with, and accept the obligations of,	Section 607.0505, Flo	rumonzeu by the corpora prida Statutes.	IIIOTE DOATO OF OFFECTORS. I HER	eby accept the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (A)OTS	E: Registered Agent signature regu	ired when relation)	DATE	
12.	OFFICERS AND DIREC		13.	<u>*′</u>	TO OFFICERS AND DIRECT	OBS IN 12
TITLE	VD	DELETE	1.1 TITLE		☐ Chang	
NAME	LOMBARDI, THEODORE		1.2 NAME			
STREET ADDRESS	5106 ROLLING FAIRWAY DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP			
TITLE	ČD	☐ DELE <b>TE</b>	2.1 TITLE		☐ Chang	Addition
NAME	English, Leroy		2 2 NAME			
STREET ADDRESS	16706 GAVIN RD.		2:3 STREET ADDRESS			
CITY-ST-ZIP	DOVER FL		2. 4 CITY-ST-ZIP			
TITLE	TD	DELETE	31 TITLE		Chang	Addition
NAME	HUTTO, PATRICIA J		3.2 NAME			
STREET ADDRESS	4109 TANNER RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	DOVER FL		3.4. CITY+ST-ZIP			
TITLE	PD	DELETE	4.1 TITLE		☐ Chang	Addition
NAME	English, rodney l		4. 2 NAME			
STREET ADDRESS	gavin road		4.3 STREET ADDRESS			
CITY-ST-ZIP	DOVER FL		4.4 CITY-ST-ZIP		•	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Chang	Addition
NAME	HUTTO, PATRICIA J.		5.2 NAME			
STREET ADDRESS	4109 TANNER RD.		5.3 STREET ADDRESS			
CITY-ST-ZIP	DOVER FL		5.4 CITY+ST+ZIP			
TITLE	VD	DELETE	6 1 TITLE		☐ Changi	Addition
NAME	LOMBARDI, RENATO X		6.2 NAME			
STREET ADDRESS	2240 NE 41ST ST.		6.3 STREET ADDRESS			
OITY OF TID	HANTHALISE DT EI		CARITY DT 710			

14. 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 sustent employered to scorpe if France Las required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes and interpretable to the corporation of the corporati

Zip Code