

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90030 014 ***150.00

DOCUMENT # 228282

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1959

4. FEI Number

59-0876858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME LOMBARDI, THEODORE
STREET ADDRESS 5106 ROLLING FAIRWAY DR.
CITY-ST-ZIP VALRICO FL

TITLE CD ☐ DELETE

NAME ENGLISH, LEROY
STREET ADDRESS 16706 GAVIN RD.
CITY-ST-ZIP DOVER FL

TITLE TD ☐ DELETE

NAME HUTTO, PATRICIA J
STREET ADDRESS 4109 TANNER RD.
CITY-ST-ZIP DOVER FL

TITLE PD ☐ DELETE

NAME ENGLISH, RODNEY L
STREET ADDRESS GAVIN ROAD
CITY-ST-ZIP DOVER FL

TITLE S ☐ DELETE

NAME HUTTO, PATRICIA J.
STREET ADDRESS 4109 TANNER RD.
CITY-ST-ZIP DOVER FL

TITLE VD ☐ DELETE

NAME LOMBARDI, RENATO X
STREET ADDRESS 2240 NE 41ST ST.
CITY-ST-ZIP LIGHTHOUSE PT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Patricia J. Hutto* (PATRICIA J. HUTTO - Sec/Pres) 4-2-99 813-659-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)