03-31-1999 90001 049 ***150.00

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

DOCUMENT # 280590

1. Corporation Name

SPARGO ENTERPRISES, INC.

• • • • • • • • • • • • • • • • • • • •							(
Principal Place of Business		Mailing Address			; (daile (line) land and any and		
1553 MAIDENCANE LOOP OVIEDO FL 32765		1553 MAIDENCANE LOOP OVIEDO FL 32765 US		DO NOT WRITE IN THI	S SPACE		
US		00			3. Date Incorporated or Qualifed 04/17/1964		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1039187	<u> </u>	plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip 24	Country 25	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax.		□No
2-4	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
			81	Name			
	RGO,CHARLES H MAIDENCANE LOOP		82	Street Add	tress (P.O. Box Number is Not Acceptable)		
OVIEDO FL 32765			83			***	
			84	City	F	85 Zip C	;ode
agent. I ar SIGNATURE	n familiar with, and accept the obligat	tions of, Section 607.0505, Florida It and title if applicable. (NOTE: Reg	Statutes		red when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
12.		ID DIRECTORS ☐ DELETE	1.1 TITLE		ADDITIONAL DIVINGES TO STITUSE ST	☐ Change	Addition
TITLE NAME STREET ADDRESS	D SPARGO, DAVID C. 1553 MAIDENCANE LOOP		1.2 NAME	T ADORESS	•		
CITY-ST-ZIP			1.4 CITY-S				
TITLE	TS	DELETE 2.1 T				☐ Change	☐ Addition
NAME	SPARGO, DIANE J						
STREET ADDRESS	1000 MAIDENOATE E001		2.3 STREE	TADORESS			j
CITY-ST-ZiP	C DELETE		2.4 CITY-5 3.1 TITLE	ST- ZIP		☐ Change	Addition
TITLE	υ .				·		-
NAME STREET ADDRESS	SPARGO, CHARLES H 1553 MAIDENCANE LOOP	OT IANGEO 11		TADDRESS			Ì
CITY-ST-ZIP	OVIEDO FL 32765			ST-ZIP			
TITLE	O TIEDO FE GET GO	☐ DELETE 4.1 T				☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			ĺ
CITY-\$T-ZIP			4.4 CITY+S	IT-ZIP		☐ Change	☐ Addition
TITLE		DELETE .	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			Í
STREET ADORESS			5.4 CITY-S				ĺ
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP