

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 01, 1999 8:00 am
Secretary of State

04-01-1999 90011 002 ***158.75

DOCUMENT # K24720

1. Corporation Name

SPARTY SPARTAN, INCORPORATED

Principal Place of Business

373 GOLDSTONE COURT
~~PO BOX 300104~~
LAKE MARY FL 32795

Mailing Address

373 GOLDSTONE COURT
~~POST OFFICE BOX 300104~~
LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1988

2. Principal Place of Business

21 373 GoldStone Court

2a. Mailing Address

26 373 GoldStone Court

4. FEI Number

59-2893595

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Mary FLORIDA

City & State

28 Lake Mary FLORIDA

Zip Country

24 32746 25

Zip Country

29 32746 30

9. Name and Address of Current Registered Agent

BRILL, TINA MARIE
373 GOLDSTONE CT.
LAKE MARY FL 32746

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **BRILL, TINA MARIE**
CITY-ST-ZIP **373 GOLDSTONE COURT**
LAKE MARY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VTD**
STREET ADDRESS **BRILL, GREG**
CITY-ST-ZIP **373 GOLDSTONE COURT**
LAKE MARY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BERNHARDT, JOHN G**
CITY-ST-ZIP **4671 HAIST ROAD**
ELKTON MI

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Tina Marie Brill
Tina Marie Brill President

3/28/99 407-323-6718
Date Daytime Phone #

CR2E034 (11/98)

0521060