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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

K39048

(9)

SPARK'	Y'S DRIVE THRU CORPO	RATION			} 		
Dringle at Disc	a of Dusiness	Mailing Address					DIBIH HIBIK (DIK
Principal Place		Mailing Address					
702 TILLMAN PLACE PLANT CITY FL 33566		702 TILLMAN PLACE PLANT CITY FL 33566					
US		US		DO NOT WRITE IN THIS SPACE			
00		•			3. Date Incorporated or Qualified		
					10/13/1988		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2917687		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional	
22		27		6. Certificate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be	
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o		
24	25		30		Personal Property Tax due June 30.	Yes	∐ No
	9, Name and Address of Curr	ent Registered Agent	04	41	10. Name and Address of New Registere	d Agent	
	arkman, Michael S.		[81]	Name			
	TILLMAN PLACE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		7,00
PL#	NNT CITY FL 33566						
			83				
			84	City		. 85 Z	ip Code
					F		<u>,</u>
11. Pursuant soffice or re agent. I as	to the provisions of Sections 607.0t egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Statutes te of Florida. Such change was au igations of, Section 607.0505, Flori	s, the above ithorized by ida Statutes	i-named co the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing ppointment	g its registered as registered
SIGNATURE	Signature, typod or printed name of registered a	anest and tills if applicable (AIDIF:	Roostered Age	nt eignetura ran	DATE DESCRIPTION OF THE PROPERTY OF THE PROPER		
12.		ND DIRECTORS	13.	It signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE			Chang	
NAME	SPARKMAN, MICHAEL S.		1.2 NAME				
STREET ADDRESS 2106 GOLFVIEW DR			1.3 STREET	ADDRESS			
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-S1				
TITLE		☐ DELETE				Chang	ge Addition
NAME	_		2.1 THILE 2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE	DELETE		3 THILE			Chang	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CHTY - S	T - Z IP			
TITLE	DELETE		4.1 TITLE			Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST	-ZIP			
TITLE	DELETE		5.1 TITLE			Chang	e Addition
NAME			52 NAME]			
STREET ADDRESS			5.3 STREET	address			
CITY-ST-ZIP			5.4 CITY-ST	· 1			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

14. Thereby 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 of 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 changes, or an attachment with an address.

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M.S. SOAKKunder

1/1/18 812-754-9554

FILED

Jan 29 1998 8:00am

Secretary of State