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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K42104 (5) SPARKMAN SINGLETON CONSULTING, INC.  Principal Place of Business Mailing Address  Mailing Address				
2612 HAWK GRIFFIN RD PLANT CITY FL 33565	2612 HAWK GRIFFIN R PLANT CITY FL 33565-			
US	US		3. Date Incorporated or Qualified 10/31/1988	3a. Date of Last Report 03/06/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2922461	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	<b>28</b>	Courte	Trust Fund Contribution	Added to Fees
Zip Country 25	21P	Country 30	This corporation has liability for Florida Statutes	rintangible tax under s. 199.032,  Yes \[ \] No
9. Name and Address of Cu			10. Name and Address of New R	T
SINGLETON, KALYNN SPARKMA	<b>W</b>	81 Name		
2612 HAWK GRIFFIN RD. PLANT CITY FL 33585		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
PLANTONY PE 33303		83		······································
		84 City		85 Zip Code
	~	1 - 1		FL
<ol> <li>Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S</li> </ol>	.0502 and 607.1508, Florida Sta State of Florida. Such change wa	tutes, the above-named cor is authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
<ol> <li>Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. Lam familiar with, and accept the or</li> </ol>	.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	tutes, the above-named cor is authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE     Signature typed or period name of registers.		tutes, the above-named cor is authorized by the corpora Florida Statutes. IOTE: Registered Agent signature requ		purpose of changing its registered opt the appointment as registered
SIGNATURE Signature hyperd or provided names of registers  12. OFFICE RS	ad agent and tire if applicable (N	IOTE: Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature typed or prefed name of registers  12. OFFICERS  TITLE D	ad agent and tire if applicable (No AND DIRECTORS DELETE	NOTE: Registered Agent signature required 13.	uired when reinstating)	DATE CERS AND DIRECTORS IN 12
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SIGNATURE: La Synn S. Singleton Kolynn S. Singleton 423-97 813-754-3406