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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # P93000028505 (4)

1. Corporate Name

GARY SPARKS ROAD SERVICE, INC.

Principal Place of Business:
1910 W SLIGH AVE
E104
TAMPA FL 33604
US

Mailing Address:
1910 W SLIGH AVE
E 104
TAMPA FL 33604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1993

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Street, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3182205 — 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 has liability for intangible tax under F.S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPARKS, GARY
1910 W SLIGH AVE
APT E 104
TAMPA FL 33604

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.0505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent Signature (required if applicable) DATE

12. OFFICERS AND DIRECTORS

PD
SPARKS, GARY
1910 W SLIGH AVE E 104
TAMPA FL

VT
SPARKS, RITA J
1910 W SLIGH AVE E104
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1 TITLE: V ☐ Change ☒ Addition
1 NAME: RANDY M. SPARKS
1 STREET ADDRESS: 1910 W. SLIGH AV
1 CITY ST ZIP: Tampa FL.

2 TITLE: V ☐ Change ☒ Addition
2 NAME: BRIAN J. SPARKS
2 STREET ADDRESS: 1910 W. SLIGH AV
2 CITY ST ZIP: TAMPA FL

3 TITLE: ☐ Change ☐ Addition
3 NAME:
3 STREET ADDRESS:
3 CITY ST ZIP:

4 TITLE: ☐ Change ☐ Addition
4 NAME:
4 STREET ADDRESS:
4 CITY ST ZIP:

5 TITLE: ☐ Change ☐ Addition
5 NAME:
5 STREET ADDRESS:
5 CITY ST ZIP:

6 TITLE: ☐ Change ☐ Addition
6 NAME:
6 STREET ADDRESS:
6 CITY ST ZIP:

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, is true and accurate. 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 a director or officer 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 on the roster of officers or directors or the attached rolls as indicated.

SIGNATURE: Gary A. Sparks — Feb. 22, '95 — 813 930 9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200037 CP