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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048060 (6)

SPARKLE CONTRACTING, INC.

## FILED Feb 17 1998 8:00am Secretary of State

SI MINEE CONTINUOUNG, INC.					
Principal Plac	e of Business	Mailing Address			
		. <del>-</del>	•		
		8420 EPICENTER BLVI Unit 1	<b>y</b> .		
LAKELAND FL 33809 LAKELAND FL 33809				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		07/02/1993 4. FEI Number Applied For	
21		26		59-3257312 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional		
22 27			Fee Required		
City & State			6, Election Campaign Financing \$5.00 May Be		
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre			10. Name and Address of New Registered Agent	
WHITE, MARTHA E					
8420 EPICENTER BLVD.			82 Street	t Address (P.O. Box Number is Not Acceptable)	
UNIT I					
LAKELAND FL 33809			83	,	
			84 City	85 Zip Code	
Durana t	to the applicant of Castiana CO7 BV	02 and 607 1609 Florido Pto	tutos the should name	d corporation submits this eletement for the purpose of changing its societized	
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 product natural registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☐ DELETE	1.1 TITLE	Change Addition	
NAME	WHITE, MARTHA		1.2 NAME		
STREET ADDRESS	8420 EPICENTER BLVD., UN	IT 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809	Dr. Fre	1.4 CITY - ST - ZIP	The state of the s	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME			3.2 NAME	La crunge La reculon	
STREET ADDRESS			3.3 STREET ADDRESS	, [	
CITY-ST-ZIP			3.4. CHTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	; <b> </b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITUE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	5 <b> </b>	
CITY-ST-ZIP	<b></b>	The section	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	5	
CITY-ST-ZIP	l		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 intachment with an additional report as required by Chapter 607.

SIGNATURE.

GEMINE CA

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