PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 26, 1999 8:00 am Secretary of State

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SPARKLE CONTRACTING,	INC.		

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Principal Place 8420 EPICENT UNIT 1				g Address EPICENTER BLVD. 1					E)
LAKELAND FL 33809 LAKELAND FL 33809					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 07/02/1993	
2. Principal Pi	lace of Busines	 S	2a. Ma	ailing Address				4. FEI Number Applied For	
21			26					59-3257312 Not Applicab	е
Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	- {
22	· · · · · ·	<u> </u>	27			<u>'-</u>	<u> </u>	Fee Required_	
City & State	e		——————————————————————————————————————	ty & State				6. Election Campaign Financing \$5.00 May Be	ļ
23			28		1 0-			Trust Fund Contribution	\dashv
Zip		Country	Zip)	├ ──¬	untry		8. This corporation owes the current year Intangible Personal Property. Yes No	
24	9 Name an	d Address of Currer	29	nd Agent	30	Τ		Intangible Personal Property Yes No 10. Name and Address of New Registered Agent	\dashv
	o, Italiio ali	a Address of Odifor	it registere	a Agoni		81	Name	131 1121 1121 1121	-
	ITE, MARTHA					1			
	0 EPICENTER	BLVD.				82	Street A	Address (P.O. Box Number is Not Acceptable)	}
UNI						83			
LAK	KELAND FL 33	809							_}
						84	City	FL 85 Zip Code	1
11. Pursuant	to the provision	s of sections 607.050	2 and 607.1	508. Florida Statute	s the a	hove		rporation submits this statement for the purpose of changing its registered	_
agent. I a	registered agen am familiar with,	t, or both, in the State and accept the oblig	of Florida. t ations of, se	Such change was a	authorize	ed by	the corpor	ration's board of directors. I hereby accept the appointment as registered	
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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 suppliemental 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-99 941-954-1102-