

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUN 30 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082492

1. Corporation Name

JEFFREY C. SPARKS, P.A.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/10/94

3a. Date of Last Report
NA

2. Principal Place of Business

21 418 W. Bryan St.

2a. Mailing Address

26 418 W. Bryan St.

4. FEI Number

59-3279118

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 Kissimmee, FL

28 Kissimmee, FL

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

25 OSCEOLA

Zip

30 OSCEOLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEFFREY C. SPARKS, ESQUIRE
418 W. Bryan St.
Kissimmee, FL 34741**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**President / Director
Jeffrey C. Sparks
418 West Bryan St.
Kissimmee, FL 34741**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
**400001591064
-07/06/95--01064--025
****225.00 ****225.00**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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

Jeffrey C. Sparks

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF AGENT OR DIRECTOR

6/22/95
Date

(407) 846-6133
Deputy Phone #