

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90093 006 ***150.00

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DOCUMENT # P97000087322

1. Corporation Name
SPARK, INC.

Principal Place of Business
500 N.E. EIGHTH AVENUE
OCALA FL 34470

Mailing Address
500 N.E. EIGHTH AVENUE
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2828 NE 24 Ave.	26	2828 NE 24 Ave.	10/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3489647	
City & State		City & State		Applied For	
23 Ocala FL		28 Ocala FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34470		29 34470		30 USA	
Country		Country		8. This corporation owes the current year Intangible	
25 USA		30 USA		Personal Property Tax.	

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMATEA, FRANK C
500 N.E. EIGHTH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81	Name	Cecil Hamm	
82	Street Address (P.O. Box Number is Not Acceptable)	2828 NE 24 Ave.	
83			
84	City	Ocala	FL
85	Zip Code	34470	

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, if any familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Cecil Hamm (NOTE: Registered Agent signature required when reinstating) DATE 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	DPST
NAME	SPARKMAN, DONALD R	1.2 NAME	Cecil Hamm
STREET ADDRESS	1427 NE 22ND STREET	1.3 STREET ADDRESS	2828 NE 24 Ave.
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	Ocala FL 34470
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address, with all other like empowered.

SIGNATURE: Cecil Hamm 4-30-99 352-867-7379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)