


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90046 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23322</b>					
1. Corporation Name <b>THE PUPPETRY ARTS CENTER AND THEATRE, INC.</b>					
Principal Place of Business 1112 LANYARD STREET C/O NORMA A. BIGLER PALM HARBOR FL 34685			Mailing Address 1112 LANYARD STREET C/O NORMA A. BIGLER PALM HARBOR FL 34685		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/01/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2865236	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BIGLER, NORMA A.**  
**1112 LANYARD STREET**  
**PALM HARBOR FL 34685**

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 617.0502 and 617.1508, 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 617.0503, 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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VETTER, GENE			1.2 NAME			
STREET ADDRESS	7826 TENBY CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGLER, WILLIAM P.			2.2 NAME			
STREET ADDRESS	1112 LANYARD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGLER, NORMA A.			3.2 NAME			
STREET ADDRESS	1112 LANYARD STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, RONALD W.			4.2 NAME			
STREET ADDRESS	7501 142ND AVE N. #493			4.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 617, 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:** *William P. Bigler* **WILLIAM P. BIGLER** 3/30/99 (727)-784-6392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)