

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000004276 (0)

1. Corporation Name

PARROT HEADS OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

2635 DONALDSON DRIVE  
ORLANDO FL 32812

2635 DONALDSON DRIVE  
ORLANDO FL 32812

3. Date Incorporated or Qualified  
09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLEGEL, JAMES L  
2635 DONALDSON DRIVE  
ORLANDO FL 32812

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

*James Schlegel*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
SCHLEGEL, JAMES L  
STREET ADDRESS  
2635 DONALDSON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
SCHLEGEL, ROBERT  
STREET ADDRESS  
2635 DONALDSON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
HAYNES, SCOTT  
STREET ADDRESS  
2635 DONALDSON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
POLLOCK, TOM  
STREET ADDRESS  
2635 DONALDSON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
ORLIN, ROBERT  
STREET ADDRESS  
2635 DONALDSON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
DIRECTOR  
ROBERT SPARKS  
STREET ADDRESS  
9948 KENDAL DR.  
CITY-ST-ZIP  
ORLANDO, FL 32817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1109 MARYLAND AV  
ST. CLOUD FL 34769

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*James Schlegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-96

4-7-2022

#1248

CR2E037 (12/95)