

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90093 010 \*\*\*\*61.25

0017759

**DOCUMENT # N95000004276**

1. Corporation Name

**PARROT HEADS OF CENTRAL FLORIDA, INC.**

161973 90093 10

Principal Place of Business  
**2635 DONALDSON DRIVE  
ORLANDO FL 32812**

Mailing Address  
**2635 DONALDSON DRIVE  
ORLANDO FL 32812**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**09/07/1995**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**SCHLEGEL, JAMES L  
2635 DONALDSON DRIVE  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHLEGEL, JAMES L</b>	
STREET ADDRESS	<b>2635 DONALDSON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JAMES</b>	
STREET ADDRESS	<b>716 BALMORAL RD</b>	
CITY-ST-ZIP	<b>WINTER PRK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYNES, SCOTT</b>	
STREET ADDRESS	<b>2635 DONALDSON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, BETSY</b>	
STREET ADDRESS	<b>10630 KAIN ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERT SPARKS</b>	
STREET ADDRESS	<b>9948 KENDAL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

**SIGNATURE OF SIGNING OFFICER OR DIRECTOR**  
**ROBERT SPARKS**

**2-10-99**

Date

**407-275-4567**

Daytime Phone #

CR2E037 (11/98)