

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **795000018320**

1. Corporation Name

GREEN PARROT CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**3661 VALENCIA RD.
JACKSONVILLE, FL 32205**

FILED
96 JUL 22 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 **3661 VALENCIA RD**

Suite, Apt. #, etc.

22 **JACKSONVILLE FL**

City & State

23 **32205**

Zip

Country

24 **DUVAL**

Country

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 **JACKSONVILLE FL**

City & State

28 **32205**

Zip

Country

29 **DUVAL**

Country

3. Date Incorporated or Qualified
MARCH 7 1995

3a. Date of Last Report
NA

4. FEI Number

593301875

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**

8. This Corporation has liability for intangible tax under s. 193.05,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICE
1201 HAYS ST.
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent

81 Name **CORPORATION SERVICE COMPANY**

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

SAME

83

84 City

SAME

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 **Laura R. Dunlap**

LAURA R. DUNLAP, AS AGENT

Signature typed or printed name of registered agent and location of office

Signature typed or printed name of registered agent and location of office

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **CHRISTINE SIMS**

STREET ADDRESS **3661 VALENCIA RD.**

CITY, ST, ZIP **JACKSONVILLE, FL 32205**

TITLE **V. PRES.** ☐ DELETE

NAME **CAROL BERLIN**

STREET ADDRESS **3661 VALENCIA RD.**

CITY, ST, ZIP **JACKSONVILLE, FL 32205**

TITLE **V. PRES.** ☐ DELETE

NAME **NICK BERLIN**

STREET ADDRESS **4416 HERSCHEL ST.**

CITY, ST, ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 **100001901241**

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

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE SIMS

JULY 18 1996

**(904)
304 9200**

CR2E034 (12/95)