

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 # **G25299** (0)

1. Corporation Name
COLLIER INSURANCE SERVICES, INC.



Principal Place of Business: **2335 TAMiami TRAIL, NORTH, STE 401 NAPLES FL 33940**
Mailing Address: **2335 TAMiami TRAIL, NORTH, STE 401 NAPLES FL 33940**

3. Date Incorporated or Qualified: **02/23/1983**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for State, City, Zip, and Country.

4. FEI Number: **59-2264429**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ROBINSON, RICHARD W. 2335 TAMiami TRAIL, NORTH, STE 401 NAPLES FL 33940**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: ROBINSON, RICHARD W STREET ADDRESS: 2335 N. TAMiami TRAIL #401 CITY-ST-ZIP: NAPLES, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV	NAME: ROBINSON, MARY A STREET ADDRESS: 2335 N. TAMiami TRAIL #401 CITY-ST-ZIP: NAPLES, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS	NAME: ALDRICH, BARBARA T. STREET ADDRESS: 2335 N. TAMiami TRAIL #401 CITY-ST-ZIP: NAPLES FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Barbara T. Aldrich* **Barbara T. Aldrich** Date: **3/12/96** 94-211

CR2E034 (12/95)