

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 271801 (3)

1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION

Principal Place of Business
**3003 N TAMAMI TRAIL
NAPLES FL 33940**

Mailing Address
**3003 N TAMAMI TRAIL
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/12/1968-1968

3a. Date of Last Report
05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1030307		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORA, TERRY L 3003 N TAMAMI TRAIL NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FLOOD, THOMAS J	12 NAME					
STREET ADDRESS	3003 TAMAMI TRAIL NORTH	13 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP					
TITLE	PD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLLIER, MILES C	22 NAME					
STREET ADDRESS	3003 NORTH TAMAMI TRAIL	23 STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP					
TITLE	D	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLLIER, BARRON G. II	32 NAME					
STREET ADDRESS	3003 NORTH TAMAMI TRAIL	33 STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 00000	34 CITY-ST-ZIP					
TITLE	V	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAND, DAVID	42 NAME	Mercer, James A.				
STREET ADDRESS	3003 TAMAMI TRAIL N.	43 STREET ADDRESS	3003 N. Tamiami Trail				
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, Florida 33940				
TITLE	ST	5.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAHAN JR., RONALD M.	52 NAME	Flora, Terry L.				
STREET ADDRESS	3003 TAMAMI TRAIL NORTH	53 STREET ADDRESS	3003 N. Tamiami Trail				
CITY-ST-ZIP	NAPLES FL 33940	54 CITY-ST-ZIP	Naples, Florida 33940				
TITLE		6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		62 NAME	Fairbanks, Kathy S.				
STREET ADDRESS		63 STREET ADDRESS	3003 N. Tamiami Trail				
CITY-ST-ZIP		64 CITY-ST-ZIP	Naples, Florida 33940				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 199.07(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: **Terry L. Flora** *Terry L. Flora* 4/15/95 813/261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area/Phone #)