

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 271801 (3)

1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION



Principal Place of Business: **3003 N TAMiami TRAIL NAPLES FL 33940**
Mailing Address: **3003 N TAMiami TRAIL NAPLES FL 33940**

3. Date Incorporated or Qualified 07/12/1963	3a. Date of Last Report 04/24/1995
4. FEI Number 59-1030307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**FLORA, TERRY L
3003 N TAMiami TRAIL
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TRAIL NORTH	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLIER, MILES C	
STREET ADDRESS	3003 NORTH TAMiami TRAIL	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, BARRON G. II	
STREET ADDRESS	3003 NORTH TAMiami TRAIL	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MERCER, JAMES A	
STREET ADDRESS	3003 N. TAMiami TRAIL	
CITY - ST - ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FLORA, TERRY L	
STREET ADDRESS	3003 N. TAMiami TRAIL	
CITY - ST - ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FAIRBANKS, KATHY S	
STREET ADDRESS	3003 N. TAMiami TRAIL	
CITY - ST - ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	V	
42 NAME	Michael O. Taylor	
43 STREET ADDRESS	3003 Tamiami Trail North	
44 CITY - ST - ZIP	Naples, FL 33940	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE	T	
62 NAME	Charles H. Mason	
63 STREET ADDRESS	3003 Tamiami Trail North	
64 CITY - ST - ZIP	Naples, FL 33940	

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: Terry P. Flor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/96
Day: _____

CR2E034 (12/95)