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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 271801

1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION

Principal Place of Business: 3003 N TAMiami TRAIL, NAPLES FL 34103, US
 Mailing Address: 3003 N TAMiami TRAIL, NAPLES FL 34103, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. 22 Suite 400
 City & State 23
 Zip 24 Country 25
 2a. Mailing Address: Suite, Apt. #, etc. 26 Suite 400
 City & State 27
 Zip 28 Country 29

3. Date Incorporated or Qualified: 07/12/1963
 4. FEI Number: 59-1030307 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
FLORA, TERRY L
3003 N TAMiami TRAIL
NAPLES FL 34103

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 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	VD FLOOD, THOMAS J	1.1 TITLE	P Collier, Miles C
NAME	3003 TAMiami TRAIL NORTH	1.2 NAME	3003 Tamiami Trail North, Suite 400
STREET ADDRESS	NAPLES FL 33940	1.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD COLLIER, MILES C	2.1 TITLE	V/D Taylor, Michael O.
NAME	3003 NORTH TAMiami TRAIL	2.2 NAME	3003 Tamiami Trail North, Suite 400
STREET ADDRESS	NAPLES, FL 00000	2.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COLLIER, BARRON G. II	3.1 TITLE	V/S/D Flora, Terry L.
NAME	3003 NORTH TAMiami TRAIL	3.2 NAME	3003 Tamiami Trail North
STREET ADDRESS	NAPLES, FL 00000	3.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V TAYLOR, MICHAEL O	4.1 TITLE	V/T O'Connor, John D.
NAME	3003 N. TAMiami TRAIL	4.2 NAME	3003 Tamiami Trail North, Suite 400
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VS FLORA, TERRY L	5.1 TITLE	AT Corina, Robert D.
NAME	3003 N. TAMiami TRAIL	5.2 NAME	3003 Tamimai Trail North, Suite 400
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T MASON, CHARLES H	6.1 TITLE	
NAME	3003 N. TAMiami TRAIL	6.2 NAME	
STREET ADDRESS	NAPLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P Collier, Miles C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3003 Tamiami Trail North, Suite 400	
1.3 STREET ADDRESS	Naples, FL 34103	
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D Taylor, Michael O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3003 Tamiami Trail North, Suite 400	
2.3 STREET ADDRESS	Naples, FL 34103	
2.4 CITY-ST-ZIP		
3.1 TITLE	V/S/D Flora, Terry L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3003 Tamiami Trail North	
3.3 STREET ADDRESS	Naples, FL 34103	
3.4 CITY-ST-ZIP		
4.1 TITLE	V/T O'Connor, John D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3003 Tamiami Trail North, Suite 400	
4.3 STREET ADDRESS	Naples, FL 34103	
4.4 CITY-ST-ZIP		
5.1 TITLE	AT Corina, Robert D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	3003 Tamimai Trail North, Suite 400	
5.3 STREET ADDRESS	Naples, FL 34103	
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 607, 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: Terry L. Flora Terry L. Flora 4/19/99 (941)-261-4455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)