

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			
				85 Zip Code			
				FL			

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	2.2 NAME	
STREET ADDRESS	3003 NORTH TAMAMI TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G. II	3.2 NAME	
STREET ADDRESS	3003 NORTH TAMAMI TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAND, DAVID	4.2 NAME	Mercer, James A.
STREET ADDRESS	3003 TAMAMI TRAIL N.	4.3 STREET ADDRESS	3003 N. Tamiami Trail
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, Florida 33940
TITLE	ST	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAN JR., RONALD M.	5.2 NAME	V/S
STREET ADDRESS	3003 TAMAMI TRAIL NORTH	5.3 STREET ADDRESS	Flora, Terry L.
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	3003 N. Tamiami Trail
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T
STREET ADDRESS		6.3 STREET ADDRESS	Fairbanks, Kathy S.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3003 N. Tamiami Trail
			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 19.07(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 #)