

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------|------------------------|------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/12/1963 | |
| 21 | | 26 | | 4. FEI Number 59-1030307 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 34103 | 25 Country | 29 Zip 34103 | 30 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|------------------------------------|
| 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 | FL 85 Zip Code 34103 |

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 _____
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLOOD, THOMAS J | 1.2 NAME | |
| STREET ADDRESS | 3003 TAMiami TRAIL NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33940 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLIER, MILES C | 2.2 NAME | |
| STREET ADDRESS | 3003 NORTH TAMiami TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLIER, BARRON G. II | 3.2 NAME | |
| STREET ADDRESS | 3003 NORTH TAMiami TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, MICHAEL O | 4.2 NAME | |
| STREET ADDRESS | 3003 N. TAMiami TRAIL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLORA, TERRY L | 5.2 NAME | |
| STREET ADDRESS | 3003 N. TAMiami TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASON, CHARLES H | 6.2 NAME | |
| STREET ADDRESS | 3003 N. TAMiami TRAIL | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 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.

SIGNATURE _____ DATE **03/19/98** **Terry L. Flora, Vice President** 041/261-4455

CR2E034 (10/97)

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CORPORATION NAME: COLLIER LAND AND CATTLE CORPORATION

ADDITIONS TO OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE: | AT |
| NAME: | KURTYKA, DEBORAH L. |
| STREET ADDRESS: | 3003 TAMIAMI TRAIL NORTH |
| CITY-ST-ZIP: | NAPLES FL 34103 |