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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		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/12/1963</b>	
21	Suite, Apt. #, etc. <b>Sutie 400</b>	26	Suite, Apt. #, etc. <b>Suite 400</b>	4. FEI Number <b>59-1030307</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FLORA, TERRY L                  3003 N TAMiami TRAIL                  NAPLES FL 34103</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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