May 10, 1999 8:00 am Secretary of State

05-10-1999 90061 032 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 271801

1. Corporation Name

Principal Place of Business

COLLIER LAND AND CATTLE CORPORATION

3003 N TAMIAMI TRAIL 3003 N TAMIAMI TRAIL										
NAPLES FL 34103 NAPLES FL 34103 US US						DO NOT WRITE IN THIS SPACE				
00					ŀ	3. Date Incorporated or Qualifed				
1					ļ	07/12/1963				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For	
21	<b></b>	26				59-1030307		Not a	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 Ad	ditional	
	ie 400	27 Suite 400				5. Certifcate of Status Desired		Fee Req	uired	
City & State		City & State				6. Election Campaign Financing		\$5.00 N	lay Be	
23		28				Trust Fund Contribution		Added to		
			Country	Country 8. This corporation owes the current year Intangible						
24	25 29 30			Personal Property Tax. Yes No						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Na	ame					
Flora, Terry L			92	82 Street Address (P.O. Box Number is Not Acceptable)						
3003 N TAMIAMI TRAIL			102	OL Gliest Addless (F.O. DOX Nulliber is Not Acceptable)						
NAPLES FL 34103			83							
			<u> </u>	<del> </del>				Tarl 7:- Ca		
			84	Cit	ity		FL	85 Zip Co	жe	
11 Dureuant i	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, t	he abov	e-nar	med corpor	ation submits this statement for the	purpose of c	hanging its re	egistered	
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	Signature, typed or printed name of registered agent	and title of profiticable (NOTE: Recu	stered Age	nt sign:	nature required w	when reinstating)	DATE		<del></del>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 12	
TITLE	VD	□ DELETE	1.1 TITLE		1	P		X] Change	Addition	
NAME	FLOOD, THOMAS J		1.2 NAME			Collier, Miles C	37 . 1	a	400	
STREET ADDRESS			1.3 STREET ADDRESS		RESS	3003 Tamiami Trail	North,	Suite	400	
CITY-ST-ZIP NAPLES FL 33940			1.4 CITY-ST			Naples, FL 34103				
TITLE			2.1 TITLE			V/D		XXChange	☐ Addition	
NAME	COLLIER, MILES C	_	2.2 NAME			Taylor, Michael 0.				
STREET ADDRESS			2.3 STREET ADDRESS		RESS	3003 Tamiami Trail	North.	Suite	400	
1	NAPLES, FL 00000		2.4 CITY-ST-ZIP		Y .	Naples, FL 34103 _	·			
CITY-ST-ZIP			31 TITLE			V/S/D		∑] Change	☐ Addition	
NAME	COLLIER, BARRON G. II		3.2 NAME							
STREET ADORESS	3003 NORTH TAMIAMI TRAIL		3.3 STREE	T ADD	RESS	Flora, Terry L. 3003 Tamiami Trail	North			
	NAPLES, FL 00000		3.4. CITY-5			Naples, FL 34103				
CITY-ST-ZIP TITLE	V	☐ DELETE	4.1 TITLE	J1-211		V/T		Change	XAddition	
NAME	TAYLOR, MICHAEL O		4. 2 NAME			O'Connor, John D.				
}	3003 N. TAMIAMI TRAIL	i	4.3 STREE			3003 Tamiami Trail	North	Suite	400	
STREET ADDRESS			4.5 STREE		}	Naples, FL 34103				
CITY-ST-ZIP TITLE	NAPLES FL VS	☐ DELETE	51 TITLE	, - Z.IF		•		Change	Addition	
NAME	FLORA. TERRY L		5.2 NAME			AT Palant P			λ	
			5.3 STREE		RESS	Corina, Robert D.			400	
STREET ADDRESS	3003 N. TAMIAMI TRAIL		5.4 CITY-S		,	3003 Tamimai Trail	North,	Suite	400	
CITY-ST-ZIP	NAPLES FL	X DELETE	6.1 TITLE	<u></u>		Naples, FL 34103		Change	Addition	
}	MACON CHARLES !!	M DELETE	6.2 NAME					-, ·		
NAME	MASON, CHARLES H		6.3 STREE	TADO	nress					
STREET ADDRESS	3003 N TAMIAMI TRAII		J.D OTTICL						i	

CITY-ST-ZIP

NAPLES FL

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:

CITY-ST-ZIP