

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90269 038 \*\*\*150.00

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DOCUMENT # 414260

1. Corporation Name

COLLIER AUTO SALES, INC.

Principal Place of Business  
3920 W. COLONIAL DRIVE  
ORLANDO FL 32808

Mailing Address  
3920 W. COLONIAL DRIVE  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1972

4. FEI Number

59-1733574

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

HOLMES, JOHN V A  
811 MAGNOLIA AVE  
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPROUSE, SUSAN C  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE V ☐ DELETE

NAME COLLIER, MARY S.  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ST ☐ DELETE

NAME COLLIER, MICHAEL  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE P ☒ DELETE

NAME COLLIER, DAVID F  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☐ DELETE

NAME BISHOP, LYNN  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME COLLIER, DAVID S.  
STREET ADDRESS 3920 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Secy - TRGAS. ☒ Change ☐ 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: *David S. Collier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)