FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:10

DOCUMENT # 500221 (7)

1. Corporation Name
COLLIER SAFE COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 955 13331 BYRD DRIVE ODESSA FL 33556	P.O. BOX 955 13331 BYRD DRIVE ODESSA FL 33556

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1976
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1656330 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLIER, WILLIAM S., JR.
3801 LAKE PADGETT DRIVE
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: Collier, William S JR
82 Street Address (P.O. Box Number is Not Acceptable): 21111 LAKE THOMAS RD
83:
84 City: LAND-O-LAKES FL 85 Zip Code: 34639

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	COLLIER, WILLIAM S, JR	1.2 NAME	Collier Williams
STREET ADDRESS	#17 LAKE PADGETT DR	1.3 STREET ADDRESS	21111 LAKE THOMAS RD
CITY-ST-ZIP	LAND-O-LAKES, FL 0	1.4 CITY-ST-ZIP	LAND-O-LAKES FL 34639
TITLE	ST	2.1 TITLE	ST ☐ Change ☐ Addition
NAME	COLLIER, JANE M.	2.2 NAME	Collier Jane M
STREET ADDRESS	#17 LAKE PADGETT DRIVE	2.3 STREET ADDRESS	21111 LAKE THOMAS RD.
CITY-ST-ZIP	LAND-O-LAKES FL	2.4 CITY-ST-ZIP	LAND-O-LAKES FL 34639
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W Collier 1/14/95 813-920-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287343 CP