

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

FILED

Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90002 044 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # 668520  
Corporation Name  
MITCHELL COLLIER INSURANCE AGENCY, INC.

Principal Place of Business  
SE 47TH ST  
CORAL FL 33904

Mailing Address  
1315 SE 47TH ST  
CAPE CORAL FL 33904

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
05/01/1980

4. FEI Number  
59-2000326

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

9. Name and Address of Current Registered Agent  
ADAMSKI, ROBERT C.  
1314 CAPE CORAL PKWY E.  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD COLLIER, MITCHELL 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD COLLIER, KATHLEEN 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D COLLIER, TIMOTHY 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D COLLIER, SHANON 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD COLLIER, MITCHELL 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD COLLIER, KATHLEEN 9834 RED REEF CT FT MYERS FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. COLLIER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 1/16/99  
Daytime Phone: 941-542-6757

CR2E034 (11/98)