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 APR -6 AM 9:41

DOCUMENT # **674407** **(2)**

1. Corporation Name

COLLIER, COLLIER, HAGIN, NEWTON & PHILLIPS, P.A.

Principal Place of Business	Mailing Address
550 NE 25TH AVE OCALA FL 34470 US	550 NE 25TH AVE OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/20/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2005746** ☐ 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

ARNETT, JOHN W
101 S.W. THIRD STREET
OCALA, FL
OCALA FL 32670

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 _____ 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	DV	1.1 TITLE		☒ Change ☐ Addition
NAME	COLLIER, DARYL L	1.2 NAME		
STREET ADDRESS	3131 FT KING ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP		34471
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	HORNBY, LORI	2.2 NAME		
STREET ADDRESS	2135 NE 45TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		34470
TITLE	DVP	3.1 TITLE		☒ Change ☐ Addition
NAME	HAGIN, DENNIS	3.2 NAME		
STREET ADDRESS	1980 SE 54TH TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		34471
TITLE	VSD	4.1 TITLE		☒ Change ☐ Addition
NAME	NEWTON, ELBERT H.	4.2 NAME		
STREET ADDRESS	1033 NE 19TH AVE.	4.3 STREET ADDRESS	1543 S.E. 13th St.	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		34471
TITLE	VTD	5.1 TITLE		☒ Change ☐ Addition
NAME	PHILLIPS, LENORE LORD	5.2 NAME		
STREET ADDRESS	5145 NE 7TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		34470
TITLE	VD	6.1 TITLE		☒ Change ☐ Addition
NAME	OVERCASH, BRANTLEY C	6.2 NAME		
STREET ADDRESS	16400 SE 130TH AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE FL	6.4 CITY-ST-ZIP		32195

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: Dennis Hagin, VP — 4/5/95 — 904-732-5801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #

CR