

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 674407

(2)

1. Corporation Name

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



Principal Place of Business

550 NE 25TH AVE
OCALA FL 34470
US

Mailing Address

550 NE 25TH AVE
OCALA FL 34470-7035
US

3. Date Incorporated or Qualified

06/20/1980

3a. Date of Last Report

04/17/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME COLLIER, DARYL L
STREET ADDRESS 3131 FT KING ST
CITY - ST - ZIP Ocala, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE

NAME HORNBY, LORI
STREET ADDRESS 2135 NE 45TH AVE
CITY - ST - ZIP Ocala FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4405 S.E. 14th St.
2.4 CITY - ST - ZIP Ocala, FL 34471

TITLE STD ☐ DELETE

NAME HAGIN, DENNIS
STREET ADDRESS 1980 SE 54TH TERRACE
CITY - ST - ZIP Ocala FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VD ☐ DELETE

NAME NEWTON, ELBERT H.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VD ☐ DELETE

NAME PHILLIPS, LENORE LORD
STREET ADDRESS 5145 NE 7TH PLACE
CITY - ST - ZIP Ocala FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE V ☒ DELETE

NAME OVERCASH, BRANTLEY C
STREET ADDRESS 18400 SE 130TH AVE
CITY - ST - ZIP WEIRSDALE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

LORI HORNBY
how Hornby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 352-732-5601

Date

Daytime Phone #

0437180

CR2E034 (9/96)