

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54377** (8)

1. Corporation Name
COLLIER VEGETABLES, INC.

Principal Place of Business 3003 N. TAMiami TRAIL NAPLES FL 33940	Mailing Address 3003 N. TAMiami TRAIL NAPLES FL 34103-2714
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1983	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2304612	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FLORA, TERRY L 3003 N TAMiami TRAIL NAPLES FL 33940		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	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	VS ☒ Change ☐ Addition
NAME	READ, ISABEL COLLIER	1.2 NAME	FLORA, TERRY L.
STREET ADDRESS	3003 N. TAMiami TRAIL	1.3 STREET ADDRESS	3003 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL
TITLE	D ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	COLLIER, MILES C AS TRUS	2.2 NAME	TAYLOR, MICHAEL O.
STREET ADDRESS	3003 N. TAMiami TRAIL	2.3 STREET ADDRESS	3003 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CORINA, ROBERT D	3.2 NAME	
STREET ADDRESS	3003 N. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, MILES C	4.2 NAME	
STREET ADDRESS	3003 N TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FLORA, TERRY L	5.2 NAME	
STREET ADDRESS	3003 N. TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, THOMAS J	6.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: TERRY L. FLORA **TERRY L. FLORA** 4/22/97 941-261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)