

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 24 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H88455

(1)

1. Corporation Name

COLLIER NURSERIES, INC.

Principal Place of Business
**3003 TAMAMI TRAIL NORTH
NAPLES FL 33940**

Mailing Address
**3003 TAMAMI TRAIL NORTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/02/1985

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
58-2608256

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORA, TERRY L
3003 TAMAMI TRAIL N.
NAPLES FL 33940**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

COLLIER, MILES C.

STREET ADDRESS

3003 TAMAMI TRAIL N.

CITY - ST - ZIP

NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

LAND, DAVID B.

STREET ADDRESS

3003 TAMAMI TRAIL N.

CITY - ST - ZIP

NAPLES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V/S

Flora, Terry L.

3003 Tamiami Trail North

Naples, Florida 33940

☒ Change ☐ Addition

TITLE

VD

NAME

FLOOD, THOMAS J

STREET ADDRESS

3003 TAMAMI TRAIL NORTH

CITY - ST - ZIP

NAPLES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

V

NAME

MERCER, JAMES A

STREET ADDRESS

3003 TAMAMI TRAIL NORTH

CITY - ST - ZIP

NAPLES FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V/D

Mercer, James S.

3003 Tamiami Trail North

Naples, Florida 33940

☒ Change ☐ Addition

TITLE

ST

NAME

BACEK, DAVE

STREET ADDRESS

3003 TAMAMI TRAIL NORTH

CITY - ST - ZIP

NAPLES FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

T

Bacek, David J.

3003 Tamiami Trail North

Naples, Florida 33940

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

DATE

813/261-4455

TELEPHONE (Area #)