

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H88455

(1)

1. Corporation Name

COLLIER NURSERIES, INC.



Principal Place of Business

**3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

Mailing Address

**3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

3. Date Incorporated or Qualified
12/02/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2609256

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**FLORA, TERRY L
3003 TAMiami 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)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

**COLLIER, MILES C.
3003 TAMiami TRAIL N.
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VS

☐ DELETE

NAME

**FLORA, TERRY L.
3003 TAMiami TRAIL N.
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

☐ DELETE

NAME

**FLOOD, THOMAS J
3003 TAMiami TRAIL NORTH
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

☒ DELETE

NAME

**MERCER, JAMES A
3003 TAMiami TRAIL NORTH
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

☒ DELETE

NAME

**BACEK, DAVE
3003 TAMiami TRAIL NORTH
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

DVS

☒ Change ☒ Addition

2. NAME

**Terry L. Flora
3003 Tamiami Trail North
Naples, FL 33940**

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

T

☒ Change ☐ Addition

2. NAME

**David J. Bacek
DELETE**

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

T

☐ Change ☒ Addition

2. NAME

**Robert D. Corina
3003 Tamiami Trail North
Naples, FL 33940**

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

V

☐ Change ☒ Addition

2. NAME

**Michael O. Taylor
3003 Tamiami Trail N., Naples, FL 33940**

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

DATE

Daytime Phone

CR2E034 (12/95)