

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**
4. FEI Number: **59-2609256**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **FLORA, TERRY L. 3003 TAMiami TRAIL N. NAPLES FL 33940**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COLLIER, MILES C. STREET ADDRESS: 3003 TAMiami TRAIL N. CITY - ST - ZIP: NAPLES FL	11 TITLE: DVS	NAME: Terry L. Flora STREET ADDRESS: 3003 Tamiami Trail North CITY - ST - ZIP: Naples, FL 33940
TITLE: VS	NAME: FLORA, TERRY L. STREET ADDRESS: 3003 TAMiami TRAIL N. CITY - ST - ZIP: NAPLES FL	21 TITLE: T	NAME: David J. Bacek STREET ADDRESS: DELETE CITY - ST - ZIP:
TITLE: VD	NAME: FLOOD, THOMAS J STREET ADDRESS: 3003 TAMiami TRAIL NORTH CITY - ST - ZIP: NAPLES FL	31 TITLE: T	NAME: Robert D. Corina STREET ADDRESS: 3003 Tamiami Trail North CITY - ST - ZIP: Naples, FL 33940
TITLE: VD	NAME: MERCER, JAMES A STREET ADDRESS: 3003 TAMiami TRAIL NORTH CITY - ST - ZIP: NAPLES FL	41 TITLE: V	NAME: Michael O. Taylor STREET ADDRESS: 3003 Tamiami Trail N., Naples, FL 33940 CITY - ST - ZIP:
TITLE: T	NAME: BACEK, DAVE STREET ADDRESS: 3003 TAMiami TRAIL NORTH CITY - ST - ZIP: NAPLES FL	51 TITLE:	NAME:
TITLE:	NAME:	61 TITLE:	NAME:
TITLE:	NAME:	62 TITLE:	NAME:
TITLE:	NAME:	63 TITLE:	NAME:
TITLE:	NAME:	64 TITLE:	NAME:

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: *Terry L. Flora* DATE: **4/25/96**

CR2E034 (12/95)