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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 25 1997 8:00am Secretary of State

DOCUMENT # J13565 1. Corporation Name RB COLLIER FARM CORPORATION Principal Place of Business 4500 SW CITRUS BLVD PALM CITY FL 34990 Mailing Address 4500 SW CITRUS BLVD PALM CITY FL 34990 PALM CITY FL 34990 PALM CITY FL 34990-5007					
EM CHY FL 94990		US		Date Incorporated or Qualified	
				05/09/1986	01/31/1996
Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
6 5 K. K		26	\frown	59-2679805	Not Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.	Same?	5. Certificate of Status Desired	\$8.75 Additional
City & Stat	· READOW	City & State		6. Election Campaign Financing	\$5,00 May Be
		28		Trust Fund Contribution	☐ Added to Eees
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199,032,
	25 9. Name and Address of Curren	29 29 Agent	[30]	Florida Statutes L 10. Name and Address of New Re	Yes No
COL	LIER, R.B.		81 Name		
	SW CITRUS BLVD		02 Street Add	wass (P.O. Box Number is Not Accepta	blet
PALI	M CITY FL 34990			TO BOX Namber is Not Accepte	DIO CONTRACTOR OF THE PARTY OF
			83		
			84 City		85 Zip Code
	07.00	0 - 1 007 4500 51-21-0			
Pursuarit office or r agent I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar, in the state are familiar, in the care are familiar.	2 and 607, 1508, Florida Sta of Florida. Such change wa Flons of Section 607,0505,	tutes, the above-named cor is authorized by the corpora Florida Statutes	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered
NATURE	Signature, typied of printed name of repistered age OFFICERS ANI	int and IMM if applicable (N D DIRECTORS	(Cr.E. Registered Agent signature requ	relles	DATE CERS AND DIRECTORS IN 12
NATURE	Significant typical of printing name of rigistered age OFFICERS ANI	nt and line if applicable (N	(C.E. Regillered Agent signatura requ	ured when reinstaling)	DATE CERS AND DIRECTORS IN 12
NATURE	Signature, typied of printed name of repistered age OFFICERS ANI	int and IMM if applicable (N D DIRECTORS	(C) E. Regilvored Apent signature required. 13. 1.1 TrTLE	ured when reinstaling)	DATE CERS AND DIRECTORS IN 12
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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 of 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 attendment with an address.

SIGNATURE

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/9)

#8-726 Daytime Priorie #