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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # J45993 (9) 1. Corporation Name COLLIER TEC, INC.  Principal Place of Business 3003 TAMIAMI TRAIL NORTH NAPLES FL 33940 Mailing Address 3003 TAMIAMI TRAIL NORTH NAPLES FL 34103-2714 |  |                |                         |   |  |                                  |   |
|---|--|----------------|-------------------------|---|--|----------------------------------|---|
|   |  |                |                         |   | 3. Date Incorporated or Qualified 11/26/1986   | 3a. Date of Last R<br>05/01/1996 | eport                                   |
|   | 2. Principal Place of Business 28. Mailing Address   |                |                         |   | 4. FEI Number<br>59-2758237  | Ap                               | oplied For                              |
| 26   Suite, Apt. # etc.   Suite, Apt. #   |  |                | C                       |   |  | \$8.75                           | ot Applicable Additional                |
| 22  |  | City & State   |                         |   | Fee Re   | <del></del>                      |   |
| City & Sta  | ne   | City & State   |                         | Election Campaign Financing     Trust Fund Contribution               | \$5.00 Added to  |                                  |   |
| Zip   | Country  | Country Zip    |                         | /   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No             |                                  |   |
| 24  | 25   29   30   30   9. Name and Address of Current Registered Agent  |                |                         | Florida Statutes Yes No  10. Name and Address of New Registered Agent |  |                                  |   |
| FLC   | DRA, TERRY L   |                | 81                      | Name  |  |                                  |   |
| 3003 TAMIAMI TRAIL NORTH  |  |                | 82                      | Street Add  | ress (P.O. Box Number is Not Acceptable  | »)                               |   |
| NAPLE FL 33940  |  |                | 63                      | <u> </u>  |  |                                  |   |
|   |  |                |                         |   |  |                                  |   |
|   |  |                | 84                      | City  |  | FL  85   Zip (                   | Code                                    |
| office or<br>agent. I   | registered agent, or both, in the State am familiar with, and accept the obligation of the state |                |                         |   | poration submits this statement for the pution's board of directors. I hereby accept<br>fred when reinstating! | the appointment as               | registered                              |
| 12.   | OFFICERS AND DIRECTORS   |                | 13.                     |   | ADDITIONS/CHANGES TO OFFICE  |                                  | RS IN 12                                |
| HTLE  | DP DELETE  |                | 1.1 TIFLE               |   |  | Change                           | ☐ Addition                              |
| NAME  | COLLIER, MILES C. 3003 TAMIAMI TRAIL NORTH   |                | 12 NAME                 | í   |  |                                  | ľ                                       |
| STREET ADDRESS  | NADIEO EI  |                |                         | ADORESS   |  |                                  |   |
| CITY - ST - ZIF   | +V   | DELETE         | 1.4 CITY-1<br>2.1 TITLE | 51-ZIP  |  | Change                           | ☐ Addition                              |
| NAME  | TAYLOR, MICAHEL O  | <del></del>    | 2.2 NAME                |   |  | _ •                              |   |
| STREET ADDRESS  | 3003 TAMIAMI TRAIL NORTH 23  |                | 2.3 STREE               | T ADDRESS   |  |                                  |   |
| City St-7iP   | NAPLES FL  |                | 2. 4 CITY -             | ST-ZIP  |  |                                  |   |
| TITLE   | VS   | ☐ DELETE       | 3.1 TITLE               |   |  | Change                           | Addition                                |
| NAME  | FLORA, TERRY L   |                | 3 2 NAME                |   |  |                                  |   |
| STREET ADDRESS  | 3003 TAMIAMI TRAIL NORTH<br>NAPLES FL  |                | •                       | T ADDRESS   |  |                                  |   |
| CHY-SI-7P<br>THUE   | VD VD  | DELETE         | 3.4. CITY-<br>4.1 TITLE | ST-ZIP  |  | Change                           | Addition                                |
| NAME  | FLOOD, THOMAS J  | hand presently | 4.7 THE                 |   |  | time of the same                 |   |
| STREET ADDRESS  | AAAA TALBIARD TOAR MORTH   |                |                         | T ADDRESS   |  |                                  |   |
| CHTY+S1+ZIP   | NAPLES FL 33940  |                | 4.4 CITY~:              |   |  |                                  |   |
| THILE   | T  | DELETE         | 5.1 TITLE               |   |  | Change                           | Addition                                |
| NAME  | CORINA, ROBERT D   |                | 5.2 NAME                |   |  |                                  |   |
| STREET LADORESS   |  |                | 5.3 STREE               | T ADDRESS   |  |                                  |   |
| CITY - S1 - ZIF   | NAPLES FL  | Dhirte         | 5.4 CiTY-               | ST-ZIP  |  | T Ohar-                          | # # ## ## ## ## ## ## ## ## ## ## ## ## |
| THE   |  | ☐ DELETE       | 6.1 TITLE               | 1   |  | Change Change                    | Addition                                |
| NAME.   |  |                | 6.2 NAME                |   |  |                                  |   |
| · · · · · · · · · · · · · · · · · · ·   |  |                |                         | T ADDRESS   |  |                                  | İ                                       |
| CHY-\$1-74P   | I  |                | 6.4 CITY-               | 01" LIF   |  |                                  |   |

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:



941-261-4455

**FILED** 

May 15 1997 8:00am

Secretary of State