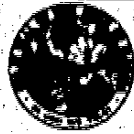


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J70253

(6)

1. Corporation Name

COLLIER FARM EQUIPMENT COMPANY

Principal Place of Business

Mailing Address

**3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

**3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

FILED

95 APR 24 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FBI Number

59-2800728

Applied For

Not Applicable

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

**FLORA, TERRY L.
3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **COLLIER, MILES C.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE **V**
NAME **FLOOD, THOMAS J.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE **VD**
NAME **LAND, DAVID B.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE **D**
NAME **READ, ISABEL COLLIER**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE **V**
NAME **MERCER, JAMES A.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE **ST**
NAME **BACEK, DAVE**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY - ST - ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Collier II, Barron G.**
1.3 STREET ADDRESS **3003 Tamiami Trail North**
1.4 CITY - ST - ZIP **Naples, Florida 33940**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **V/S** ☒ Change ☐ Addition
3.2 NAME **Flora, Terry L.**
3.3 STREET ADDRESS **3003**
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **V/D** ☒ Change ☐ Addition
5.2 NAME **Mercer, James A.**
5.3 STREET ADDRESS **3003 Tamiami Trail North**
5.4 CITY - ST - ZIP **Naples, Florida 33940**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **Bacek, David J.**
6.3 STREET ADDRESS **3003 Tamiami Trail North**
6.4 CITY - ST - ZIP **Naples, Florida 33940**

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: Joffroy M. Birr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

Date

813/261 4455

Telephone Number