FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	COLLIER, MILES C.	1.2 NAME	Collier II, Barron G.
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	1.3 STREET ADDRESS	3003 Tamiami Trail North
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Florida 33940
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, THOMAS J.	2.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	V/S ☒ Change ☐ Addition
NAME	LAND, DAVID B.	3.2 NAME	Flora, Terry L.
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	3.3 STREET ADDRESS	3003
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	READ, ISABEL COLLIER	4.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	V/D ☒ Change ☐ Addition
NAME	MERCER, JAMES A.	5.2 NAME	Mercer, James A.
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	5.3 STREET ADDRESS	3003 Tamiami Trail North
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, Florida 33940
TITLE	ST	6.1 TITLE	T ☒ Change ☐ Addition
NAME	BACEK, DAVE	6.2 NAME	Bacek, David J.
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	6.3 STREET ADDRESS	3003 Tamiami Trail North
CITY-ST-ZIP	NAPLES FL	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 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: Jeffrey M. Birr — 4/12/95 — 813/261 4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #