

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 # J70253 (6)

1. Corporation Name

COLLIER FARM EQUIPMENT COMPANY



Principal Place of Business

3003 TAMAMI TRAIL NORTH
NAPLES FL 33940

Mailing Address

3003 TAMAMI TRAIL NORTH
NAPLES FL 33940

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/28/1987

3a. Date of Last Report

04/24/1995

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 TAMAMI 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 of Registered Agent or Director (Typed Name)

(Print Name of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLLIER, MILES C.
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE V
NAME FLOOD, THOMAS J.
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE VS
NAME FLORA, TERRY L.
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME READ, ISABEL COLLIER
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE VD ☒ DELETE
NAME MERCER, JAMES A.
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL

TITLE T ☒ DELETE
NAME BACEK, DAVE
STREET ADDRESS 3003 TAMAMI TRAIL NORTH
CITY-STATE-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE V ☐ Change ☒ Addition
2 NAME Michael O. Taylor
3 STREET ADDRESS 3003 Tamiami Trail North
4 CITY-STATE-ZIP Naples, FL 33940

21 TITLE T ☐ Change ☒ Addition
22 NAME Robert D. Corina
23 STREET ADDRESS 3003 Tamiami Trail North
24 CITY-STATE-ZIP Naples, FL 33940

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

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