


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

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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90098 019 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K93906</b> 1. Corporation Name <b>NOBLES-COLLIER, INC.</b>					
Principal Place of Business <b>212 JEROME ST SUITE 200 IMMOKALEE FL 34142 US</b>			Mailing Address <b>PO BOX 413038 NAPLES FL 34101 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>06/07/1989</b>	
Suite, Apt. #, etc. <b>22 No suite #</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0127062</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NOBLES JR, L J 212 JEROME ST SUITE 200 IMMOKALEE FL 34142</b>			10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 No suite # 84 City FL 85 Zip Code</b>		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	COLLIER, BARRON III				
STREET ADDRESS	2600 GLDN GATE PKWY #200				
CITY-ST-ZIP	NAPLES FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	NOBLES, LEWIS J JR				
STREET ADDRESS	212 JEROME STREET				
CITY-ST-ZIP	IMMOKALEE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MARINELLI, PAUL J				
STREET ADDRESS	2600 GOLDEN GATE PARKWAY				
CITY-ST-ZIP	NAPLES FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LOUKONEN, EVERETT				
STREET ADDRESS	1320 N. 15TH STREET				
CITY-ST-ZIP	IMMOKALEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	NOBLES, LEWIS J III				
STREET ADDRESS	212 JEROME STREET				
CITY-ST-ZIP	IMMOKALEE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	BOARDMAN, THOMAS				
STREET ADDRESS	1400A NORTH 15TH STREET				
CITY-ST-ZIP	IMMOKALEE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	David Murrah				
6.3 STREET ADDRESS	212 Jerome St.				
6.4 CITY-ST-ZIP	Immokalee, FL 34142				

14. I 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, with all other like empowered.

SIGNATURE:

*Paul J. Marinelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Marinelli, Treasurer

3-30-99

941 262-2600

Date

Daytime Phone #

CR2E034 (1/98)

0454028

288375-90098-19

K93906

1999 OFFICERS AND DIRECTORS

OFFICER/  
DIRECTOR NOBLES-COLLIER, INC.  
(FEI #65-0127062)

P/D RA	Lewis J. Nobles, Jr. 212 Jerome Street Immokalee FL 34142
T/D	Paul J. Marinelli 2600 Golden Gate Parkway Naples, FL 34105
S/D	Everett Loukonen 1320 N. 15th Street Immokalee, FL 34142
C/D	Barron Collier III 2600 Golden Gate Parkway Naples, FL 34105
D	Lewis J. Nobles, III 212 Jerome Street Immokalee, FL 34142
D	David Munnah 212 Jerome Street Immokalee, FL 34142