

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

21 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M06384**

(5)

1. Corporation Name

COLLIER FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**% BRUCE S. SHERMAN
3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

Mailing Address

**% BRUCE S. SHERMAN
3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

3. Date Rec'd (or date of Amendment)
10/12/1984

3a. Date of Last Report
05/01/1994

2. How long has it been in business

2b. Mailing Address

4. FID Number
59-2460738

Applied For
Not Applicable

21. State Agent Name

26. State Agent Name

5. Certificate of Status (Required) ☐

**\$8.75 Additional
Fee Required**

22. City, State

27. City, State

6. Election Campaign Financing
Your Filing Certificate ☐

**\$5.00 May Be
Added to Fees**

23. City, State

28. City, State

8. This corporation has submitted for information the order of ☒ **Florida Statute**

24. City, State

25. City, State

29. City, State

30. City, State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHERMAN, BRUCE S.
3003 TAMiami TRAIL NORTH
NAPLES FL 33940**

81. Name

82. Street Address (If a New Agent, add to complete)

83. City

84. State

FL

85. Zip Code

11. If provided for the purpose of Section 607.01, Florida Statutes, this document is submitted for the purpose of changing its registered office or registered agent in the State of Florida. If a change was authorized by this corporation, to amend these provisions, accept this amendment as registered agent. I am authorized to accept and the same shall be effective for all purposes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION TO BE FURNISHED TO THE SECRETARY OF STATE
NAME: COLLIER, MILES C ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐
NAME: COLLIER READ, ISABEL ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐
NAME: SHERMAN, BRUCE S. ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐
NAME: POWERS, GREGG J. ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐
NAME: VICARELLA, JOSEPHINE M. ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐
NAME: COLLIER II, BARRON G. ADDRESS: 3003 TAMiami TRAIL NORTH NAPLES FL	1. Change ☐ Add ☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as such in the Florida Statutes. Further, I certify that the information submitted on this document is not a fraudulent attempt to defraud and is true and correct and that my signature shall have the same legal effect as if made in person. That this certificate is a true and correct copy of the original and that the original is being submitted to the Secretary of State for filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document in accordance with the above.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

813-261-4455