

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 # M93361 (7)

1. Corporation Name

CHARLES COLLIER REALTY, INC.



Principal Place of Business

12297 HIDDEN HILLS DR.  
JACKSONVILLE FL 32225-3600  
US

Mailing Address

4552 Bay Harbour Dr  
12297 HIDDEN HILLS DR.  
JACKSONVILLE FL 32225-3600  
US

3. Date Incorporated or Qualified  
08/01/1988

3a. Date of Last Report  
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3033230

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLIER, CHARLES SR.  
12297 HIDDEN HILLS DR  
JACKSONVILLE FL 32225

4552 Bay Harbour Dr  
Dunwoody

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4552 Bay Harbour Dr

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME COLLIER, CHARLES E JR  
STREET ADDRESS 7610 INDIA AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE

VP  
NAME COLLIER, KIM G  
STREET ADDRESS 7610 INDIA AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE

ST  
NAME COLLIER, JO ANN  
STREET ADDRESS 11115 SAIL POINT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4552 Bay Harbour Dr  
Jax FL 32225

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4552 Bay Harbour Dr  
Jax FL 32225

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4552 Bay Harbour Dr  
Jax FL 32225

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

900001795459

04/26/96-01014-008

\*\*\*200.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

4-25-96  
JR

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: Jo Ann Collier Mrs Jo Ann C. Collier-10-96 904-641-7533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-22-96  
Date Daytime Phone #

CR2E034 (12/95)