

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

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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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.
JACKSONVILLE FL 32225-1048**

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3033230** Applied For ☐ Not Applicable ☐

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

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

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLIER, CHARLES SR.
4552 BAY HARBOUR DR.
JACKSONVILLE FL 32225**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P COLLIER, CHARLES E JR	1.2 NAME	
STREET ADDRESS	4552 BAY HARBOUR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP COLLIER, KIM G	2.2 NAME	
STREET ADDRESS	4552 BAY HARBOUR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST COLLIER, JO ANN	3.2 NAME	
STREET ADDRESS	4552 BAY HARBOUR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 included 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* **JO ANN COLLIER**

Date _____ Daytime Phone _____

0037344

CR2E034 (9/96)