

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N16177

(0)

1. Corporation Name

COLLIER BUILD PAC, INC.

Principal Place of Business

Mailing Address

4627 ARNOLD AVENUE
NAPLES FL 33942

4627 ARNOLD AVENUE
NAPLES FL 33942

2. Principal Place of Business

21 2465 TRADE CTR. WAY

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

Zip

24 34109

Country

25 COLLIER

2a. Mailing Address

26 2465 TRADE CTR. WAY

Suite, Apt. #, etc.

City & State

28 NAPLES, FL

Zip

29 34109

Country

30 COLLIER

9. Name and Address of Current Registered Agent

WARD, WHITLEY N.

4627 ARNOLD AVENUE - 2465 TRADE CTR. WAY
NAPLES FL 33942 - 34109

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-1284455

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 ST ☐ DELETE

NAME ROSEN, MIKE

STREET ADDRESS 3600 VANDERBILT BCH RD EXT

CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME LABBE, RON

STREET ADDRESS 3828 RADIO ROAD

CITY-ST-ZIP NAPLES FL

TITLE T ☐ DELETE

NAME WESTON, DAVE

STREET ADDRESS 3106 HORESHORE DR S

CITY-ST-ZIP NAPLES FL

TITLE CT ☒ DELETE

NAME CRAWLEY, BARBARA

STREET ADDRESS 3200 BAILEY LANE

CITY-ST-ZIP NAPLES FL

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ROSEN, MIKE

1.3 STREET ADDRESS 3600 VANDERBILT BEACH RD. EXT

1.4 CITY-ST-ZIP NAPLES, FL 34109

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME LABBE, RON

2.3 STREET ADDRESS 3828 RADIO RD

2.4 CITY-ST-ZIP NAPLES, FL 34104

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME WESTON, DAVE

3.3 STREET ADDRESS 3106 HORESHOE DR. S.

3.4 CITY-ST-ZIP NAPLES, FL 34104

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, 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

Date

Daytime Phone #

7-15-98 941.592.6100

CR2E037 (5/98)

FILED
Sep 03 1998 8:00am
Secretary of State

