FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002334 (0)

1. Corporation Name
COLLINS CENTER FUND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 1658 TALLAHASSEE FL 32302-1658	PO BOX 1658 TALLAHASSEE FL 32302-1658

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0477373 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Cawthon House
22 Suite, Apt. #, etc. FSU Law School Campus
23 City & State Tallahassee, FL
24 Zip 32302 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETREY, RODERICK N
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	APTHORP, JAMES W	12 NAME	
STREET ADDRESS	~~15907 AMBERLY DR., STE. 180~~	13 STREET ADDRESS	15310 Amberly Drive, Ste 220
CITY-ST-ZIP	TAMPA FL 33647	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D,C ☐ Change ☒ Addition
NAME	~~BROWN, J C~~	22 NAME	Rubin O'D. Askew
STREET ADDRESS	~~501 E KENNEDY BLVD #1700~~	23 STREET ADDRESS	~~PO Box 2861~~ 255 S. ORANGE AV., 10TH FLR
CITY-ST-ZIP	~~TAMPA FL 33601~~	24 CITY-ST-ZIP	Orlando, FL 32801 ~~32802-0231~~
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	PETREY, RODERICK N	32 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D,S ☐ Change ☒ Addition
NAME	~~SMITH, CHESTERFIELD~~	42 NAME	John R. Marks III
STREET ADDRESS	~~701 BRICKELL AVENUE, 30TH FLOOR~~	43 STREET ADDRESS	~~PO Box 1877~~ 106 E. College AVE 32301
CITY-ST-ZIP	~~MIAMI FL 33131~~	44 CITY-ST-ZIP	Tallahassee, FL 32302-1877
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN E	52 NAME	
STREET ADDRESS	4000 SE FIN'L CTR	53 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33131	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	V ☐ Change ☒ Addition
NAME	THAYER, STELLA	62 NAME	
STREET ADDRESS	215 MADISON ST #2400 1ST FLOOR TOWER	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	64 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in connection with an address.

SIGNATURE: Roderick N. Petrey, President 4/20/95 305-789-7722
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0003188