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FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P92000003490 (9)

1. Corporation Name

COLLECTOL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

8115 NW 75TH AVE  
TAMARAC FL 33321  
US

P.O. BOX 720155  
CORAL SPRINGS FL 33077-0155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

4. FEI Number

65-0369660

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13950 105<sup>th</sup> St.

Suite, Apt. #, etc.

22

City & State

23 Fellsmere, FL

Zip

24 32948

Country

25 USA

2a. Mailing Address

26 P.O. Box 697

Suite, Apt. #, etc.

27

City & State

28 Fellsmere, FL

Zip

29 32948

Country

30 USA

9. Name and Address of Current Registered Agent

FAIRBANKS, BERTA I  
8115 NW 75 AVE  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

FAIRBANKS, BERTA I.

82

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

13950 105<sup>th</sup> St.

83

84

City Fellsmere

FL

85

Zip Code 32948

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 of individual named in Section 607.0505, Florida Statutes

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FAIRBANKS, BERTA I  
STREET ADDRESS 8115 NW 75 AVE  
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME DVP FAIRBANKS, SCOTT  
STREET ADDRESS 8115 NW 75TH AVE  
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP FAIRBANKS, BERTA I.

1.3 STREET ADDRESS 13950 105<sup>th</sup> St

1.4 CITY-ST-ZIP Fellsmere, FL 32948

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVP FAIRBANKS, SCOTT

2.3 STREET ADDRESS 13950 105<sup>th</sup> St

2.4 CITY-ST-ZIP Fellsmere, FL 32948

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE

B. I. Fairbanks

4/15/98 (S) 571-0490

CR2E034 (10/97)