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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000002369 (5) **DOCUMENT #**1, Corporation Name

COLLARD COMMODITIES, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



370 MOSS ROAD 370 MOSS ROAD WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					
				DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 01/06/1993 	
2. Principal P	lace of Business	2a. Mailing Address	0	4. FEI Number	Applied For
21 //3	QUEENS COURT	126 113 Colu	eens Cou	RT 59-3161458	Not Applicable
	v.ford. FL	Suite Apt. #, etc.	d. FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	711	City & State 28 3277	<u>, </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	′ _ '
24	25 Seminole	29	30 Senino	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent COLLADO WILLIAM R. ID					
COLLARD, WILLIAM R JR 370 MOSS ROAD 81 Name JOAN COLLARD					
WINTER SPRINGS FL 32708 62 Street Address (I				Address (P.O. Box Number is Not Acceptable)	
WINTER SPRINGS PL 32708 173 Colucens Cloudy					
				Danford FL	
•			84 City	FI	85 Zip Code
11 Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named		
office or re	egistered agent, or both, in the State of	Florida Such change was a	uthorized by the corp	corporation submits this statement for the purpose coration's board of directors. I hereby accept the ap	pointment as registered
	m familial with, and accept the obligat	jons of Section 607,0505, Flor	rida Statutes.	, ,	A 6.5
SIGNATURE	Signatur Typed or printed name of registered agent	and title if applicable (NOTE	Hegistered Agent eignature	required when reinstating) DATE	2-98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	TP	☐ DELETE	1.1 TITLE		Change Addition
NAME	COLLARD, WILLIAM R JR		1.2 NAME		
STREET ADDRESS	370 MOSS ROAD		1.3 STREET ADDRESS	113 Queens Court	
CITY - ST - ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP	Santord PL 3277	,
TITLE	VSP	DELETE	2.1 TITLE		Change Addition
NAME	COLLARD, JOAN R		2.2 NAME		
STREET ADDRESS	370 MOSS ROAD		2.3 STREET ADDRESS	113 Queens Cones	
CITY - ST - ZIP	WINTER-SPRINGS FL 32708		2. 4 CITY-ST-ZIP	113 Queens Court	1
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 T(TLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		Driese	4.4 CITY - ST - ZIP		[7] A [7] 4.49°
TITLE		[] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME			6.1 TITLE		ш ruange Щ Audilion
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address