

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

FILED

Jan 27 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 # P93000020827 (0)

1. Corporation Name

COLLINS ENTERPRISE GROUP, INC.

Principal Place of Business

305 SUNRISE CIRCLE  
NEPTUNE BEACH FL 32266

Mailing Address

305 SUNRISE CIRCLE  
NEPTUNE BEACH FL 32266-3219

3. Date Incorporated or Qualified  
03/18/1993

3a. Date of Last Report  
06/18/1996

2. Principal Place of Business

21 1707 SEABREEZE AVE

2a. Mailing Address

26 1707 SEABREEZE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE BEACH, FLORIDA

City & State

28 JACKSONVILLE BEACH, FL

Zip

24 32250

Country

25 USA

Zip

29 32250

Country

30 USA

4. FEI Number

59-3241617

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLLINS, ELIZABETH D  
305 SUNRISE CIRCLE  
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name

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

1707 SEABREEZE AVE

83

84 City

JACKSONVILLE BEACH FL

85 Zip Code

32250

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and the applicable

ROY COLLINS

(NOTE: Registered Agent signature required when reinstating)

1/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLLINS, ROY  
STREET ADDRESS 305 NEPTUNE CIRCLE  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE D  
NAME COLLINS, ELIZABETH D  
STREET ADDRESS 305 NEPTUNE CIRCLE  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE N/T/D  
1.2 NAME  
1.3 STREET ADDRESS 1707 SEABREEZE AVE  
1.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

2.1 TITLE P/S/D  
2.2 NAME  
2.3 STREET ADDRESS 1707 SEABREEZE AVE  
2.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY COLLINS

1/15/97

904-249-5868

CR2E034 (9/96)