FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069925 (4)**

1. Corporation Name
COLLIER RETREADING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3057 SEEDLING BLVD. IMMOKALEE FL 33934 US	7380 Pprovince WAY APT. 5208 NAPLES FL 33942

3. Date Incorporated or Qualified: **10/07/1993**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **65-0447457** ☐ 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

STIEHL, WALTER
7380 PROVINCE WAY, APT. 5208
NAPLES FL 33942

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	STIEHL, WALTER	1.2 NAME		
STREET ADDRESS	7380 PROVINCE WAY, APT. 5208	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	KOERT, RICHARD	2.2 NAME		
STREET ADDRESS	7380 PROVINCE WAY, APT. 5208	2.3 STREET ADDRESS	RESIGNED 2/16/95	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	RIVERA, RICHARD	3.2 NAME		
STREET ADDRESS	7380 PROVINCE WAY, APT. 5208	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP		
TITLE	DIRECTOR	4.1 TITLE		☐ Change ☒ Addition
NAME	DONALD STIEHL	4.2 NAME	DONALD STIEHL	
STREET ADDRESS		4.3 STREET ADDRESS	353 S.W. 11TH ST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GOLDEN GATE, FLA, 33964	
TITLE	DIRECTOR	5.1 TITLE		☐ Change ☒ Addition
NAME	GEORGE DAETZ	5.2 NAME	GEORGE DAETZ	
STREET ADDRESS		5.3 STREET ADDRESS	825 KETCH Rd. APT 303	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FLA, 33940	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Stiehl WALTER STIEHL 2/24/95 813 657 8473
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0447457 FP