

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069925 (4)

1. Corporation Name

COLLIER RETREADING, INC.



Principal Place of Business

2057 SEEDLING BLVD.
IMMOKALEE FL 33934
US

Mailing Address

7380 PROVINCE WAY
APT. 5208
NAPLES FL 33942

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
10/07/1993

3a. Date of Last Report
04/26/1995

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

81 Name

82 Street Address (P.O. Box Numbers 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 607.0606, Florida Statutes.

SIGNATURE

Signature of person submitting this report for filing with the corporation

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	STIEHL, WALTER	
STREET ADDRESS	7380 PROVINCE WAY, APT. 5208	
CITY, ST, ZIP	NAPLES FL 33942	
TITLE	VP	☐ DELETE
NAME	RIVERA, RICHARD	
STREET ADDRESS	7380 PROVINCE WAY, APT. 5208	
CITY, ST, ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	STIEHL, DONALD	
STREET ADDRESS	353 SW 11TH ST	
CITY, ST, ZIP	GOLDEN GATE FL	
TITLE	D	☐ DELETE
NAME	DAETZ, GEORGE	
STREET ADDRESS	825 KETCH RD. APT 303	
CITY, ST, ZIP	NAPLES FL	
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	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 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)(k), 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 attached statement with an address.

SIGNATURE:

Walter Stiehl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER STIEHL

4/21/96

941-6578473

CR2E034 (12/95)