FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000014798 (0)**

1. Corporation Name

COLLIER CONSTRUCTION CLEAN-UP, INC.

Principal Place of Business
2761 TERRACE AVE
NAPLES FL 33942

Mailing Address
2761 TERRACE AVE
NAPLES FL 33942

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4273 ENTERPRISE AVE
Suite, Apt. #, etc.
22 #4
City & State
23 NAPLES FLORIDA
Zip 24 33942
Country 25 COLLIER

2a. Mailing Address
26 4273 ENTERPRISE AVE
Suite, Apt. #, etc.
27 #4
City & State
28 NAPLES, FL
Zip 29 33942
Country 30 COLLIER

4. FEI Number: 65-0470466 ☐ 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

SCHWEIKHARDT, WILLIAM
900 6TH AVE SOUTH
SUITE 203
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature Typed or Printed Name of Registered Agent in the Box Above) (Note: Registered Agent is the only signature required for name filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ULLRICH, CARL F.	
STREET ADDRESS	2761 TERRACE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	☐ DELETE
NAME	WALLS, JEFF	
STREET ADDRESS	48 ESTER	
CITY-ST-ZIP	NAPLES 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		
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 attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/96

Daytime Phone #: 941-436-6660

CR2E034 (12/95)