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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400029469 (1)

T.E. COLLIER, INC.

## **FILED** Apr 21 1997 8:00am Secretary of State



Principal Place	of Business	Maii	ling Address								
\$511 PARK BLVD. Pinellas Park i		5511 PARK BLVD. PINELLAS PARK FL 33781-3327									
							3. Date Incorporated or Qualified 04/18/1994	3a. Da			eport
2. Principal Pia	ce of Businoss	2a. Mailing Address					4. FEI Number			Ar	plied For
21		26					59-3236224				t Applicat
Sulte, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		27	City & State				5 Charles Connection Florance				<del></del>
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country		Zip	Cou	intry		8. This corporation has liability for i				
4	25	29		30	-		Florida Statutes	Yes [	ON [		
	9. Name and Address of Curren	t Registe	red Agent				10. Name and Address of New Re	gistered /	Agent		
BROID	A, JOEL D				81	Name					
BROID	A & MCKINNEY, P.A.		B2 Street A			Street Adc	Address (P.O. Box Number is Not Acceptable)				
	75TH AVE.										
ST. PE	TERSBURG BEACH FL 33708				83						
					84	City			85	Zip	Code
<u> </u>							poration submits this statement for the pation's board of directors. I hereby accep	FL		•	
<del></del>	ignature, typed or printed name of registered age OFFICERS AN			13.			uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOF	S IN 12
12.	OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOP	S IN 12
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	COLLIER, THOMAS E 10981 63RD WAY NORTH			1.2 NA							
1.	PINELLAS PARK FL					T ADDRESS					
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	COLLIER, JIMMY A		Dere in	2.2 NA						ungo	L 1100
	10981 63RD WAY NORTH					T ADDRESS					
	PINELLAS PARK FL					ST-ZIP					
	ST		DELETE	3.1 111					☐ Ch	ange	Add
	COLLIER, BARBARA J.			3.2 NA	<b>ME</b>	İ					
	10981 63RD WAY, NORTH			<b>3</b> .3 S1	REFT	T ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL			3.4. C	ITY-	S1 - Z/P					
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NAME				4.2 N							
STREET ADDRESS				4		T ADDRESS					
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				5.1 NA					U (III	ដោយ្តេច	MUU
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STREET ADDRESS						T ADORESS					
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NAME				G.2 NA		-			— ·"		
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						S1 - ZIP					

14. Ido 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 corposition or higher than the provided of the corposition or higher than the provided of the corposition of higher than the provided of the corposition of high that my name appears in Block 12 or Block 13 if changed, or on an allegation of the corposition of the