

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90085 047 ***150.00

DOCUMENT # P96000030615

1. Corporation Name

COLLIER INSURANCE BILLING INC.

Principal Place of Business

12 KINGS ROAD
NAPLES FL 33962

Mailing Address

POST OFFICE BOX 1068
NAPLES FL 33939

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

65-0551323

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. 201 8th Street South #201-
Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. Naples, Florida

27. City & State

City & State

23. 34102 USA

28. Zip

Zip

Country

Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, KIMBERLY S

12 KINGS ROAD 712 Belville Blvd
NAPLES FL 33962X 34104

81. Name

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

83. City

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P
NAME VANVOORHIS, CLARK KIMBERLY
STREET ADDRESS 12 KINGS ROAD
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME VANVOORHIS, KIMBERLY
1.3 STREET ADDRESS 712 Belville Blvd
1.4 CITY-ST-ZIP Naples, FL 34104

2.1 TITLE V
2.2 NAME GEORGE H. DOUGLAS, JR.
2.3 STREET ADDRESS 712 Belville Blvd
2.4 CITY-ST-ZIP Naples, FL 34104

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)