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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000102965 (6)

1. Corporation Name

COLLIER AGRIBUSINESS, INC.



Principal Place of Business
3003 TAMiami TRAIL NORTH
NAPLES FL 34112

Mailing Address
3003 TAMiami TRAIL NORTH
NAPLES FL 34103-2714

3. Date Incorporated or Qualified

12/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

☒ 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

FLORA, TERRY L
3003 TAMiami TRAIL NORTH
NAPLES FL 34112

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLLIER, MILES C
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34112 ☐ DELETE

TITLE D
NAME FLOOD, THOMAS J
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34112 ☐ DELETE

TITLE D
NAME FLORA, TERRY L
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34112 ☐ DELETE

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 PD ☒ Change ☐ Addition
1.2 NAME COLLIER, MILES C.
1.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
1.4 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME FLOOD, THOMAS J.
2.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
2.4 CITY-ST-ZIP NAPLES, FL 34103

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME FLORA, TERRY L.
3.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
3.4 CITY-ST-ZIP NAPLES, FL 34103

4.1 TITLE V ☒ Change ☒ Addition
4.2 NAME TAYLOR, MICHAEL O.
4.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
4.4 CITY-ST-ZIP NAPLES, FL 34103

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME CORINA, ROBERT D.
5.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
5.4 CITY-ST-ZIP NAPLES, FL 34103

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

941-261-4455

Daytime Phone # 0006320

CR2E034 (9/96)