

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Telephone: 904-488-2222

APPROVED
AND
FILED

95 MAY 11 AM 8:01

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28371

(0)

COLLISON HOLDING COMPANY

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 1148 E. PLANT ST WINTER GARDEN FL 34787		2a. Mailing Address 1148 E. PLANT ST WINTER GARDEN FL 34787	
2. Principal Office City/State 21 1630 Victoria Way 22 Winter Garden, FL 24 34787 25 Orange		2a. Mailing Address 26 1630 Victoria Way 27 Winter Garden, FL 29 34787 30 Orange	
3. Date of Incorporation or Organization 01/28/1991		3a. Date of Last Report 02/03/1994	
4. FEI Number 59-3081547		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	
7. This corporation has authority for filing this report under Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent COLLISON, GREGORY L. 1148 E. PLANT ST. WINTER GARDEN FL 34787		10. Name and Address of New Registered Agent 81 Name Collison, Gregory L. 82 Street Address (P.O. Box Number is Not Applicable) 1630 Victoria Way 83 84 City Winter Garden FL 85 34787	
11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am further willing to accept the stipulations of Sections 607.01, 607.02, and 607.1508, Florida Statutes.			
SIGNATURE			

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME D COLLISON, GREGORY L. 2. STREET ADDRESS 1148 E. PLANT ST 3. CITY/STATE/ZIP WINTER GARDEN FL 34787		1. NAME Collison, Gregory L. 2. STREET ADDRESS 1630 Victoria Way 3. CITY/STATE/ZIP Winter Garden, FL 34787	☒ Change ☐ Addition
4. NAME 5. STREET ADDRESS 6. CITY/STATE/ZIP		4. NAME 5. STREET ADDRESS 6. CITY/STATE/ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY/STATE/ZIP		7. NAME 8. STREET ADDRESS 9. CITY/STATE/ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY/STATE/ZIP		10. NAME 11. STREET ADDRESS 12. CITY/STATE/ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY/STATE/ZIP		13. NAME 14. STREET ADDRESS 15. CITY/STATE/ZIP	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY/STATE/ZIP		16. NAME 17. STREET ADDRESS 18. CITY/STATE/ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator thereof and I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A, of this report as required by the Florida Statutes.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/9/95 407-654-1221