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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V02728** **(6)**

1. Corporate Name
COLLIS, INC.

Principal Place of Business	Mailing Address
835-G CREATIVE DR LAKELAND FL 33813 US	P.O. BOX 7197 LAKELAND FL 33807-197 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1991	3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-3100002	☐ 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's fees liability for changes has under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 835-G CREATIVE DR	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKELAND, FL	City & State 28
Zip 24 33813	County 25 POLK
Zip 29	County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLIS, DENNIS M. 4401 SUGARTREE DRIVE WEST LAKELAND FL 33813	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: D. M. Collis, President — 4-25-95
(Signature of director, president, registered agent and type or print name) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	COLLIS, DENNIS M.	12 NAME	
STREET ADDRESS	4401 SUGARTREE DRIVE WEST	13 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COLLIS, DIANNE Y.	22 NAME	
STREET ADDRESS	4401 SUGARTREE DRIVE WEST	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: D. M. Collis — 4-25-95 (Date) — 813-647-5480 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS M. COLLIS

0447813 PP