

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65581**

(3)

1. Corporation Name

COLLIER COUNTY HOLDINGS, INC.

Principal Place of Business

James A. Head
50 N. LAURA ST. BARNETT TOWER
JACKSONVILLE FL 32202

Mailing Address

James A. Head
50 N. LAURA ST. BARNETT TOWER
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/18/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0364140

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

On consolidated

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAD, JAMES A
50 N. LAURA STREET
BARNETT TOWER, JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**
NAME **CHOMESH, MEHDI**
STREET ADDRESS **801 E HALLANDALE BCH BLVD., 2ND FLOOR**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE **V** ☒ Change ☐ Addition
1.2 NAME **BUERROSSE, MARCUS**
1.3 STREET ADDRESS **801 E. HALLANDALE**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **DSTV**
NAME **HEAD, JAMES A.**
STREET ADDRESS **50 N. LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP**
NAME **MILLER, ROBERT F. J**
STREET ADDRESS **50 N. LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DASV**
NAME **JARBOE, LLOYD ALLEN J**
STREET ADDRESS **50 N LAURA ST, MC0990001830**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **V** ☐ Change ☒ Addition
5.2 NAME **BLANKSTEIN, ALAN**
5.3 STREET ADDRESS **801 E. HALLANDALE**
5.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information presented 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:

Director, Secretary, Treasurer and Vice President

James A. Head, (904) 791-5275

(Signature) Please Print