## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 717951

1. Corporation Name

(8)

SUNCOAST ANTIQUE BOTTLE COLLECTOR'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED
Jan 29 1997 8:00am
Secretary of State



10 PARK ST NORTH ST PETERSBURG FL 33710 US			12451-94TH AVE.N. SEMINOLE FL 33772-2058			3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1970 05/01/1996				
	Place of Business	<u>├</u>	2a. Mailing Address			4. FEI Number 23-7347061		<del></del>	pplied For	
21 Subs A-1 # als			26				23-7347001			ot Applicable
Suite, Apt. #, etc.			Suite, Apl. #, etc.			5. Certificate of Status Desired	×	•	Additional equired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country				This corporation has liability for intangible tax under s. 199.032,			
24	25	30				Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered A	gent	
						Name				
DUEBEN, GUSTAV G., III 12451 - 94TH AVENUE NORTH					32 5	Street Address (P.O. Box Number is Not Acceptable)				
SEMINO	LE FL 34642 337	П 1 А				<del></del>		<del></del>		
	2517		J. 8	34 (	City			<b>85</b> Zip	Code	
			·			•	<u> </u>	FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12.						signature re	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD		DELETE	13. 1.1 TITU	E				Change	Addition
NAME	STONE, JAY			1.2 NAM	<b>AE</b>	}			•	
STREET ADDRESS	5308 8TH STREET		1.3 S		1.3 STREET ADDRESS					
CITY-ST-ZIP	GÜLFPORT FL				1,4 CITY-ST-ZIP					
TITLE	VD		_		2.1 TITLE				Change	☐ Addition
NAME	DILL, JOE				2.2 NAME					ŀ
STREET ADDRESS	7612 4TH AVE., N	<b>C</b> 1			2.3 STREET ADDRESS					ļ
CITY-ST-ZIP TITLE	ST. PETERSBURG	<u>r</u> L			2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME	STONE, CHERYL				32 NAME			•	Unlarity	Addition
STREET ADDRESS	5308 - 8TH AVE.,	\$			ic Fet adi	Dotec				
CITY-ST-ZIP	GULFPORT FL		3.4. CI							
TITLE	TD		☐ DELETE	4.1 TITL		-	<del></del>		Change	Addition
NAME	DUEBEN, GEORGE			4. 2 NA	ME					
STREET ADDRESS	12451 - 94TH AVE	., N		4.3 STR	EET AD	DRESS				İ
CITY-ST-ZIP	SEMINOLE FL			4.4 CITY	r-ST-Z	ZIP				
TITLE			DELETE	5.1 TITU	E				Change	Addition
NAME				5.2 NAM	Œ					İ
STREET ADDRESS				5.3 STRE	EET ADI	DRESS				
CITY-ST-ZIP				5.4 City	/- ST - Z	ZIP				
TITLE			DELETE	6.1 TiTL	E				Change	☐ Addition
NAME				6.2 NAM	18					
STREET ADDRESS				6.3 STRI	EET AD	DRESS				
CITY-ST-ZIP		e Park Mark	tu (	6.4 CITY			ted in Section 119.07(3)(i). Florida Statutes			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address.

CIONATURE.

De ales Good

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