FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 FEB -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714912 (3)

1. Corporation Name
MID STATE ANTIQUE BOTTLE COLLECTORS, INC.

Principal Place of Business	Mailing Address
88 SWEETBRIAR BRANCH LONGWOOD FL 32750	88 SWEETBRIAR BRANCH LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1968
3a. Date of Last Report: 03/23/1994
4. FEI Number: 23-7046576 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BENSON,CARL A.
3400 EAST GRANT AVENUE
ORLANDO FL 32806

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~ DIRECTOR	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME *	MARTIN, PAUL	1.2 NAME	CAROL SUTTON	
STREET ADDRESS	P.O. BOX 916 (N/A)	1.3 STREET ADDRESS	9009 LAKE HOPE DR	
CITY-ST-ZIP	APOPKA FL 32704-0916	1.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	2.1 TITLE	VICE PRES	☐ Change ☒ Addition
NAME	YOUNG, EDWARD	2.2 NAME	CARL BENSON	
STREET ADDRESS	4402 BRANDEIS AVE.	2.3 STREET ADDRESS	3400 E. GRANT AVE	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	T	3.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME *	VENABLE, MYRA	3.2 NAME	YOUNG, EDWARD	
STREET ADDRESS	717 CLEMWOOD PLACE	3.3 STREET ADDRESS	4402 BRANDEIS AVE.	
CITY-ST-ZIP	ORLANDO, FL 00000 05	3.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	~~VP~~ PRESIDENT	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME *	SUTTON, CAROL	4.2 NAME	CARL STURM	
STREET ADDRESS	9009 LAKE HOPE DR.	4.3 STREET ADDRESS	88 SWEETBRIAR BRANCH	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME *	TWACHTMAN, JOHN	5.2 NAME		
STREET ADDRESS	724 BONITA DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP		
TITLE	~~D~~ VPRES	6.1 TITLE		☐ Change ☐ Addition
NAME *	~~WRIGHT, LINDA~~ CARL BENSON	6.2 NAME		
STREET ADDRESS	~~9600 GATEWOOD DR~~ 3400 E. GRANT AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~ ORLANDO, FL 32806	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Sutton CAROL SUTTON 25 Jan 1995 407-678-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031843