

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714912 (3)**  
1. Corporation Name  
**MID STATE ANTIQUE BOTTLE COLLECTORS, INC.**



Principal Place of Business  
**88 SWEETBRIAR BRANCH  
LONGWOOD FL 32750**

Mailing Address  
**88 SWEETBRIAR BRANCH  
LONGWOOD FL 32750**

3. Date Incorporated or Qualified  
**07/08/1968**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-7046576</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD SUTTON, CAROL 9009 LAKE HOPE DR MAITLAND FL	1.1 TITLE	PD HOWARD THOMPSON 4611 PLYMOUTH-SORRENTO RD APOKA, FL 32712
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D YOUNG, EDWARD 4402 BRANDEIS AVE. ORLANDO FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BENSON, CARL 3400 E. GRANT AVE. ORLANDO FL 32806	3.1 TITLE	T MYRA VENABLE 717 CLEMWOOD PL ORLANDO, FL 32803-6905
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DP STURM, CARL 88 SWEETBRIAR BRANCH LONGWOOD FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S TWACHTMAN, JOHN 724 BONITA DR WINTER PARK FL	5.1 TITLE	S SANDRA THOMPSON 4611 PLYMOUTH-SORRENTO RD APOKA, FL 32712
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP BENSON, CARL 3400 E GRANT AVE ORLANDO FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:** Myra Rose Venable, Treasurer 4/12/96 (407) 894-9218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)