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 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741918** **(7)**

1. Corporation Name

THE M-T BOTTLE COLLECTORS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 1561 DELAND FL 32721	P.O. BOX 1561 DELAND FL 32721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2780326 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENTON, CHARLES O 1200 JACOBS RD DELAND FL 32724	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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	P	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, DEANE	12 NAME	
STREET ADDRESS	203 E. RICH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	
TITLE	~~V~~	21 TITLE	☒ Change ☐ Addition
NAME	~~PETERSON, ROY~~	22 NAME	THOMPSON, HOWARD
STREET ADDRESS	~~365 GRAND AVE.~~	23 STREET ADDRESS	3030 APOPKA RD.
CITY-ST-ZIP	~~DELAND FL~~	24 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, SANDRA	32 NAME	
STREET ADDRESS	2420 SALISBURY BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DREGGORS, WILLIAM J	42 NAME	
STREET ADDRESS	1148 W. EUCLID AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	D ☒ Change ☐ Addition
NAME	~~HINSON, J.B.~~	52 NAME	MARKS, CHARLES W.
STREET ADDRESS	~~125 S. JULIA AVE.~~	53 STREET ADDRESS	1030 BLUE HORIZON DR.
CITY-ST-ZIP	~~DELAND FL~~	54 CITY-ST-ZIP	DELTONA, FL
TITLE	~~D~~	61 TITLE	D ☒ Change ☐ Addition
NAME	~~MCMILLAN, KYLE S.~~	62 NAME	SCOTT, GEORGE C.
STREET ADDRESS	~~1811 PALOMA AVE.~~	63 STREET ADDRESS	2656 GRANDVIEW AVE
CITY-ST-ZIP	~~SANFORD FL~~	64 CITY-ST-ZIP	SANFORD, FL

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: Charles O. Benton CHARLES O. BENTON APRIL 12, 1995 (904)734-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031184