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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741918**

1. Corporation Name
THE M-T BOTTLE COLLECTORS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 1581 DELAND FL 32721	P.O. BOX 1581 DELAND FL 32721

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2780326 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BENTON, CHARLES O
1200 JACOBS RD
DELAND FL 32724

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 Charles O. Benton APRIL 8, 1999
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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENTON, CHARLES O		1.2 NAME		
STREET ADDRESS	1200 JACOBS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DEANE		2.2 NAME		
STREET ADDRESS	203 E. RICH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	PALLASCH, MAUREEN		3.2 NAME	DRIGGERS, WADE	
STREET ADDRESS	7 MONROE AVE		3.3 STREET ADDRESS	37303 WALKER CEMETARY RD.	
CITY-ST-ZIP	DEBARY FL		3.4 CITY-ST-ZIP	EUSTIS, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DREGGORS, WILLIAM J		4.2 NAME		
STREET ADDRESS	1148 W. EUCLID AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARKS, CHARLES		5.2 NAME	WHITEY MCMILLAN	
STREET ADDRESS	1030 BLUE HORIZON DR.		5.3 STREET ADDRESS	1811 PALOMA AVE.	
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP	SANFORD, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, GEORGE C.		6.2 NAME		
STREET ADDRESS	2656 GRANDVIEW AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Charles O. Benton SIGNATURE REQUIRED CHARLES O. BENTON 4-8-1999 (904) 734-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)