## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H08196

(8)

RUTH'S DRAPERIES, INC.

## FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
1607 FOSTE	R AVENUE	607 FOSTER AVENUE						
PANAMA CITY FL 32405 PANAMA CITY FL 32405								
							DO NOT WRITE IN THIS SPACE	
`								3. Date Incorporated or Qualified
2. Principal F	Place of Busines	Mailing Address				06/15/1984 4. FEI Number Applied For		
21				¬ ~ ~				4. FEI Number Applied For S9-1711572 Not Applicable
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				- \$8.75 Additional
22			27	1				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution
Zip	<del>-</del>		<u> </u>	¬ '		untry		8. This corporation owes or has paid the current year intangible
24			29			0		Personal Property Tax due June 30. 🗹 Yes 🗌 No
ļ		d Address of Curr	ent Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
MCCAULEY, CARROLL L.						61	Mane	
36 OAK AVENUE							Street Add	dress (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32401								
				83				
					City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation							progration submits this statement for the purpose of changing its registered	
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 famillar with, and accept the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or p	orinted name of registered	agent and title	applicable. (NO)	E: Registere	d Age	nt signature requ	quired when reinstating) DATE
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1,1 T	TLE		Change Addition
NAME				i		1.2 NAME		
STREET ADDRESS 1607 FOSTER AVENUE			i	1,3 STP		TREET	ADDRESS .	
CITY-ST-ZIP	PANAMA CITY FL			<b>V</b>		1.4 CITY-ST-ZIP		
TITLE	D	TD 141450 14	$\sim$	DELETE	2.1 T			☐ Change ☐ Addition
NAME				)eteased		AME		
STREET ADDRESS	DANIANA OTTO EL						ADDRESS	
CITY-ST-ZIP TITLE	-ZIP PANAMA CITY FL			DELETE		ITY-S	T-ZiP	[ ] Connect [ ] 4 2 1 1 5 1
				□ nerese	3.1 1			Change
NAME STREET ADDRESS					3.2 NAME 3.3 STREET ADDRESS		4DDDESC	
CITY-ST-ZIP			į		3.4. CITY-ST-ZIP			
TITLE				DELETE 4.1 TITS			1-717	Change Addition
NAME			4		4. 2 NAME			
STREET ADDRESS			4		4.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			Change Addition
NAME			1	1	1	5.2 NAME		
STREET ADDRESS					5.3 \$	5.3 STREET ADDRESS		
City-St-Zip			-		5.4 CITY-ST-ZIP			
TITLE				DELETE	6.1 TI	TLE		Change Addition
NAME			- 1		6.2 N	ME		
STREET ADDRESS			,		6.3 S	REET A	ADDRESS	
CITY - ST - ZIP					6.4 CI	TY-ST	r-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption sated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Cuth With the Killer Out wer

1/12/98 850-785-538

CR2E034 (10/97)