FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

RUG CUTTERS EXHIBITION TEAM, INCORPORATED

Principal Place of Business Mailing Address							B B i
337 DESOTO ST		337 DESOTO ST				3. Date Incorporated or Qualified	
TALLAHASSEE US	FL 32303	TALLAHASSEE FL 32 US	903			07/06/1987	
08		03				4. FEI Number Applied F	or
						59-2948547 Not Applie	cable
	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Addition	al
21 Suite Ant	t als	Suite, Apt. #, etc				Fee Required	
Suite, Apt. #, etc.		27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes ☑ Ño	
Zìp	Country	Zip	<u> </u>	intry		8. This corporation owes or has paid the current year intangible	
24	25	29	30	,		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	it Hegistered Agent		81	Name	IV. Name and Address of New Registered Agent	
POVD E	COSTED SCOTT			Ш			
BOYD, FOSTER SCOTT 2023 E FOREST DR				82	Street Add	dress (P.O. Box Number is Not Acceptable)	-
TALLAHASSEE FL 32303				83			
1712041	10022 12 02000			84	Citv	85 Zip Code	
				1 1	•		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida S	statutes, the a	bove	-named co	orporation submits this statement for the purpose of changing its regist ration's board of directors. I hereby accept the appointment as registe	ered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.050	3, Florida Stat	tutes		autoria board of directors. Thereby decept the appearance as regions	
SIGNATURE							
<u></u>	Signature, typed or printed name of registered ag	ant and title if applicable. DIRECTORS	(NOTE: Registere	d Ager	nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, , ,-
12.	D OFFICERS AN	DELET		TLE		Change A	
NAME	BOYD, SCOTT	_		AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY-SI			
TITLE					-	Change Ad	ldition
NAME :	BOYD, SUSAN 22		2.2 N	AME			
STREET ADDRESS			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2, 40	ITY-S	T-ZIP		
TITLE	D	☐ DELET	3.1 Ti	TLE		Change Ac	idition
NAME	MYERS, BOB		3.2 N	AME			
STREET ADDRESS	631 EAST CALL STREET, AP	T. 306	3.3 8	TREET	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL			ITY-S	T-ZIP		
TITLE	TD	☐ DELET	4.1 Ti	TLE		Change Ac	attion
NAME	MCMULLEN, CAROLE		4.2 N	IAME	į.		
STREET ADDRESS	1128 ALBRITTON DRIVE		4.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL			ITY-SI	f-Z1P		13141
TITLE	VD	☐ DELET	1			☐ Change ☐ Ad	ΙαΙΤΙΟΠ
NAME	ABBOTT, JAMIE		5.2 N	AME			
STREET ADDRESS	P.O. BOX 614 N/A, 1118 TH	THACKS I FOOM	5.3 S	TREET	ADDRESS		
CITY-ST-ZIP		DMASVILLE MUAU	-				
	TALLAHASSEE FL			ITY-ST	Γ-ZiP		1 1747
TITLE	TALLAHASSEE FL	DMASVILLE HOAD		ITY-ST	Γ-ZiP	☐ Change ☐ Ac	ldition
TITLE NAME	TALLAHASSEE FL			ITY-ST	r-ZiP	☐ Change ☐ Ac	ldition

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.

SIGNATURE:

856-224-4894 2/1/98

FILED

Feb 06 1998 8:00am

Secretary of State