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 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000000337 (5)

1. Corporation Name

KOUNTRY PLAYMATES WESTERN DANCE AND SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
1216 BECK AVENUE PANAMA CITY FL 32401	P.O. BOX 4173 PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3235424 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 4500 W Hwy 98	26 PO Box 1041
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Panama City, FL	28 City & State: Panama City, FL
24 Zip: 32401 25 County: Bay	29 Zip: 32402-1041 30 Country: Bay

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

ELLS, DAVID B
2121 HARRISON AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: TOM WINKLE
82 Street Address (P.O. Box Number is Not Acceptable): 4535 E Bus 98
83
84 City: PANAMA CITY FL 85 Zip Code: 32404

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: 4/23/95
(Signature, typed or printed name, and capacity of 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	ELLS, DAVID B	12 NAME	TOM WINKLE
STREET ADDRESS	2121 HARRISON AVENUE	13 STREET ADDRESS	4535 E. Bus 98
CITY ST ZIP	PANAMA CITY FL 32405	14 CITY ST ZIP	Panama City, FL 32404
TITLE	D	21 TITLE	S ☒ Change ☐ Addition
NAME	HAM, LOUISE	22 NAME	Ham, Louise
STREET ADDRESS	P.O. BOX 225 N/A	23 STREET ADDRESS	PO Box 225
CITY ST ZIP	PANAMA CITY FL 32402-0225	24 CITY ST ZIP	Panama City, FL 32402-0225
TITLE	S	31 TITLE	D ☒ Change ☐ Addition
NAME	NATIONS, ELAINE	32 NAME	ELLS, DAVID B
STREET ADDRESS	624 BARTON AVENUE	33 STREET ADDRESS	2121 HARRISON AVE
CITY ST ZIP	PANAMA CITY FL 32404	34 CITY ST ZIP	Panama City, FL 32405
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	WINKLE, THOMAS	42 NAME	TIM HAUPT
STREET ADDRESS	4535 E. HWY 98	43 STREET ADDRESS	1807 CLAY AVE
CITY ST ZIP	PANAMA CITY FL 32404	44 CITY ST ZIP	Panama City, FL 32405
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	ALBERT, MARIANNA	52 NAME	BRUCE FERTAL
STREET ADDRESS	21902 HIGH RIDGE DRIVE	53 STREET ADDRESS	7596 SHADOW BAY DRIVE
CITY ST ZIP	PANAMA CITY FL 32413	54 CITY ST ZIP	Panama City, FL 32404
TITLE		61 TITLE	☒ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/1/95 MB

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 above, or on an attachment with an address.

SIGNATURE: _____ (904) 871-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOM WINKLE — 4/23/94

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