FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400000337 (5)

KOUNTRY PLAYMATES WESTERN DANCE AND SOCIAL CLUB, INC.

Principal Place	of Ausiness	Mailing Address				
Principal Place of Business Mailing Address 4500 W. HWY 98 P.O. BOX 1041						
PANAMA CITY		PANAMA CITY FL 32401				
						3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1993 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3235424 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ζiρ	_	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curren	29 Accept Agent	30	1		Florida Statutes Yes KNo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it negistered Agent		81	Name	
1144.00						DAVID B. K-LL3
WINKLE,				82	Street A	t Address (P.O. Box Number is Not Acceptable) 2121 HARRISON AVE
4535 E. US 98				ala mickign ne		
PANAMA	CITY FL 32405					
				84	City	PANAMA CITY FL 85 Zip Code 32405
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abo	ove-r	amed co	corporation submits this statement for the purpose of changing its registered offices board of directors. I hereby accept the appointment as registered agent. I am
or registere	ed agent, or both, in the State of Flori	da. Such charige was authori;	zed by the	corp	oration's	s board of directors. I hereby accept the appointment as registered agent. I am
	n, and accept the outgater is of Cect	IOIT TIPO CO, FIORIDA GIALDIO	э.			6/18/96
SIGNATURE	Signature, types a purified name of registeren agent	tand tile if applicable (fv	OTE Registere	d Agen	t signature re	e required when reinstaling) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T	TITLE		Change Addition
NAME	WINKLE, TOM		II -	NAME		ELLS, DAVID B
STREET ADORESS	4535 E US 98		1.3 5	STREET	ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404			CHTY-S	T-ZIP	PANAMA CITY FL 32405
TITLE	S	DELETE	211			Thange Addition
NAME	HAM, LOUISE			NAME		FERTAL, BRUCE 1536 SHADOW BAY DRIVE
STREET ADDRESS	P.O. BOX 225 N/A	_			ADDRESS	PANAMA CITY FL 32404
CITY - ST - ZIP	PANAMA CITY FL 32402-022	DELETE		CITY	ST-ZIP	
TITLE	D	Doctere		TITLE		Amber Haupt
NAME	ELLS, DAVID B			NAME	ADDRESS	FINGER HAMP!
STREET ADDRESS	2121 HARRISON AVE.		•			180
CITY-ST-ZIP TITLE	PANAMA CITY FL 32405 D	DELETE		TITLE	ST - ZIP	PANAMIA CITY I'C 32405 Defrange Addition
NAME	HAUPT, TIM			NAME		
STREET ADDRESS	1807 CLAY AVE.				ADDRESS	CINDY WINKLE 4535 E. Bus 98
CITY-ST-ZIP	PANAMA CITY FL 32405		1	CITY - S		PANAMIA CITY FL 32404
TITLE	D	DELETE		TITLE	- -	□ □ □ Addition
NAME	FERTAL, BRUCE		52	NAMÉ		Susan FRANS
STREET ADDRESS	7536 SHADOW BAY DRIVE		5.3	STREET	ADDRESS	136 N. VESTAVIA ST
CITY-ST-ZIP	PANAMA CITY FL 32404		5.4	CITY - S	ST - ZIP	PANAMA CITY BEACH FL 32413
TITLE	1	DELETE		TITLE		Susan FRANS 136 N. VESTAVIA ST PANAMA CITY BEACH FL 32413 Defiance Addition 17924 WORD HAVEN RD. FOUNTHIN FL 32438
NAME			6.2	NAME		JIMMY HTHODOCIC
STREET ADDRESS			63	STREET	ADDRESS	s 17924 WOOD HAVEN NO.
CITY - ST - ZIP			6.4	CITY-S	ST-ZIP	FOUNDAIN FC 32438
						uality for the exemption stated in Section (1997), notice a statutes. Further
oath; that	I am an officer or director of the comp	oration or the receiver or trust	ee empow	ered	to execu	accurate and that my signature shall have the same legal effect as it made under tute this report as required by Chapter 617, Florida Statutes; and that my name
appears in	TEILOCK 12 OF BIDOK 13 IT Changed, SC	on an attachment with an ac-	JI 622.			// - \

SIGNATURE: x (ku +)

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6/17/96 (94) 785-027:

CR2E037 (12/95)