

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000337 (5)**

1. Corporation Name

KOUNTRY PLAYMATES WESTERN DANCE AND SOCIAL CLUB, INC.



Principal Place of Business 4500 W. HWY 98 PANAMA CITY FL 32401	Mailing Address P.O. BOX 1041 PANAMA CITY FL 32401
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3. Date Incorporated or Qualified 12/20/1993
4. FEI Number 59-3235424
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANS, SUSAN
136 N. VESTAVIA ST.
PANAMA CITY BEACH FL 32413**

81 Name HAUPT, AMBER L.
82 Street Address (P.O. Box Number is Not Acceptable) 1807 CLAY AVE
83 City PANAMA CITY, FL
84 Zip Code 32405

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 *Amber L. Haupt* DATE **4-29-98**
Signature, typed or printed name of registered 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANS, SUSAN	1.2 NAME	AMBER L. HAUPT
STREET ADDRESS	136 N. VESTAVIA STREET	1.3 STREET ADDRESS	1807 CLAY AVE
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPT, TIM	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	1807 CLAY AVENUE	2.3 STREET ADDRESS	ELLS, DAVE
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HAUPT, AMBER	3.2 NAME	SECRETARY
STREET ADDRESS	1807 CLAY AVENUE	3.3 STREET ADDRESS	PADGETT, RICHARD
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	2634 39TH PLAZA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PADGETT, DICK	4.2 NAME	PANAMA CITY, FL 32405
STREET ADDRESS	2634 E. 39TH PLAZA	4.3 STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	ANDREWS, BOB
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FRANS, ANGIE	5.2 NAME	2612 BRIARCLIFF RD
STREET ADDRESS	136 N. VESTAVIS STREET	5.3 STREET ADDRESS	PANAMA CITY, FL 32405
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	5.4 CITY-ST-ZIP	DIRECTOR
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEWART, CAROL	6.2 NAME	SCHEIDT, DORIS
STREET ADDRESS	110 BID-A-WEE COURT	6.3 STREET ADDRESS	609 TAMMAM ST
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	6.4 CITY-ST-ZIP	LYNN HAYES, FL 32405

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: *Amber L. Haupt* DATE: **4-29-98**

CR2E037 (1097)