FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90133 031 ****70.00

DOCUMENT # N95000000714

1. Corporation Name
CHARLOTTE COUNTRY MUSIC CLUB, INC.

Principal Place of Business	Mailing Address
416 BURLAND ST 3101 PEACE RIVER DR. PUNTA GORDA FL 33950 US	1110 CORAL RIDGE DR ~~26000 HAMMOND AVENUE~~ PUNTA GORDA FL 33950 US

c/o Shirley A DEES

2. Principal Place of Business: 1110 CORAL RIDGE DR
Suite, Apt. #, etc.:
City & State: PUNTA GORDA, FL
Zip: 33950 25 Country: CHARLOTTE

2a. Mailing Address: 26 1110 CORAL RIDGE DR
Suite, Apt. #, etc.: 27
City & State: 28 PUNTA GORDA, FL.
Zip: 29 33950 Country: 30 CHARLOTTE

3. Date Incorporated or Qualified: 02/14/1995

4. FEI Number: 65-0290398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALLEN, WILLIAM H
416 BURLAND ST
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: STEVE B. WIDMEYER
82 Street Address (P.O. Box Number is Not Acceptable): 23177 McMULLEN AVE
83: PORT CHARLOTTE, FL 33980
84 City: FL 85 Zip Code

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: Stephan B Widmeyer (Pres) 1/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN, WILLIAM H 416 BURLAND ST PUNTA GORDA FL 33950	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~PRESIDENT~~ D STEVE B. WIDMEYER 23177 McMULLEN AVE PORT CHARLOTTE, FL. 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WIDMEYER, STEPHAN B 23177 MCMULLEN AVE PORT CHARLOTTE FL 33980	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~VICE PRESIDENT~~ D FRED BRANDON 2345 SUNNINGLOW STREET PORT CHARLOTTE, FL. 33948-3423	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ESSIG, KAREN 22400 OCENASIDE AVE PORT CHARLOTTE FL 33952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~S~~ D ESSIG, KAREN 26336 NADIE ROAD UNIT A-2 PUNTA GORDA, FL 33983	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ADAMCZYK, HILDA 10330 WHEELER PLACE PUNTA GORDA FL 33982	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANHAM, BETTY 416 BURLAND ST PUNTA GORDA FL 33950	[redacted]	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWE, EDWARD 1259 TIFT ST PORT CHARLOTTE FL 33952-2828	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Stephan B Widmeyer REQUIRED 1/8/99 941-624-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

mail 1/14/98