

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001225 (0)

1. Corporation Name

RUG CUTTER COUNTRY/WESTERN DANCE CLUB, INC.

Principal Place of Business

4412 WOODBRIDGE RD.
TALLAHASSEE FL 32303

Mailing Address

4412 WOODBRIDGE RD.
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAVAGNI, MICHELE A
4412 WOODBRIDGE RD.
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 PD
NAME GAVAGNI, MICHELE A
STREET ADDRESS 4412 WOODBRIDGE RD.
CITY-STATE-ZIP TALLAHASSEE FL 32303

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VD
NAME MILLER, RICK
STREET ADDRESS 226 DAY ST.
CITY-STATE-ZIP TALLAHASSEE FL 32034

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD
NAME GIBSON, DAVID R
STREET ADDRESS 4322 KENSINGTON RD.
CITY-STATE-ZIP TALLAHASSEE FL 32303

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE TD
NAME O'STEEN, DIANA B
STREET ADDRESS 8616 CHATHAM CT.
CITY-STATE-ZIP TALLAHASSEE FL 32311

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D
NAME MOORE, DELL K
STREET ADDRESS 9121 BITHLO LANE
CITY-STATE-ZIP TALLAHASSEE FL 32312

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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:

Diana B. O'Steen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

904/222-6040

Daytime Phone #

CR2E037 (12/95)