

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # P93000005564 (8)

1. Corporation Name

SOUTHERN COUNTRY DANCERS, INC.

Principal Place of Business

117 N 7TH STREET  
HAINES CITY FL 33845

Mailing Address

P.O. BOX 756  
HAINES CITY FL 33845-0756



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3162784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RICHARDS, HENRY E  
20 NORTH EIGHTH STREET  
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD COLWES, JAMES A. ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1140 LUKE AVE  
BARTOW FL

TITLE TD KELLETT, WANDA M ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2740 SECOND AVE.  
MULBERRY FL

TITLE SD ROBERTS, BETTY J ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4430 SPRING LANE  
LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PTD Kellett, Wanda M. ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
2740 2nd Ave.  
Mulberry, FL 33860

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
See above

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
S

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

71 TITLE ☐ Change ☐ Addition

72 NAME  
73 STREET ADDRESS  
74 CITY - ST - ZIP

81 TITLE ☐ Change ☐ Addition

82 NAME  
83 STREET ADDRESS  
84 CITY - ST - ZIP

91 TITLE ☐ Change ☐ Addition

92 NAME  
93 STREET ADDRESS  
94 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)