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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006595 (9)

1. Corporation Name

PROFESSIONAL BILLIARDS TOUR, INC.

Principal Place of Business

4412 COMMERCIAL WAY  
SPRING HILL FL 34806-1906

Mailing Address

4412 COMMERCIAL WAY  
SPRING HILL FL 34806-1906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

59-3163694

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MACKEY, DONALD E  
4412 COMMERCIAL WAY  
SPRING HILL FL 34806-1906

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
FLEMING, PAT  
STREET ADDRESS 119 CLARK STREET  
CITY-ST-ZIP BLOOMINGDALE NJ

TITLE ☐ DELETE

NAME V  
SYKORA, ROB  
STREET ADDRESS 6922 ALICETON AVENUE  
CITY-ST-ZIP ST LOUIS MO

TITLE ☐ DELETE

NAME S  
VARNER, NICK  
STREET ADDRESS 3721 WAR AMIRAL DRIVE  
CITY-ST-ZIP OWENSBORO KY

TITLE ☐ DELETE

NAME T  
VICKERY, HOWARD  
STREET ADDRESS 665 MACLAM DRIVE  
CITY-ST-ZIP COLUMBUS OH

TITLE ☐ DELETE

NAME CD  
MACKEY, DONALD E  
STREET ADDRESS 5124 KIRKWOOD AVENUE  
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME D  
REMPE, JAMES  
STREET ADDRESS 115 PELLAR AVENUE  
CITY-ST-ZIP SCRANTON PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

*Don Mackey*

4/21/98

(352) 596-7808

CR2E034 (10/97)