

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90266 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006595**

1. Corporation Name

**PROFESSIONAL BILLIARDS TOUR, INC.**

Principal Place of Business

**4412 COMMERCIAL WAY  
SPRING HILL FL 34606-1966**

Mailing Address

**4412 COMMERCIAL WAY  
SPRING HILL FL 34606-1966**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1997**

4. FEI Number

**59-3163694**

Applied For

Not Applicable

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 Post Office Box 6968**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 Post Office Box 6968**  
Suite, Apt. #, etc.

City & State

**23 Spring Hill, FL**

City & State

**28 Spring Hill, FL 34611**

Zip Country  
**24 34611-6968 25 USA**

Zip Country  
**29 34611-6968 30 USA**

9. Name and Address of Current Registered Agent

**MACKEY, DONALD E  
4412 COMMERCIAL WAY  
SPRING HILL FL 34606-1966**

10. Name and Address of New Registered Agent

**81 Name  
Mackey, Donald E.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
5124 Kirkwood Avenue**

**83**

**84 City  
Spring Hill**

**FL**

**85 Zip Code  
34608-2621**

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

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

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

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

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

TITLE **D** ☒ DELETE  
NAME **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 **C** ☒ 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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald E. Mackey**

**4/29/99 (352) 596-7808**  
Date Daytime Phone #

CR2E034 (11/98)