


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90023 034 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N95000005150** ✓

1. Corporation Name

**KING OF THE RING BOXING CLUB, INC.**

Principal Place of Business

6024 N 9TH AVE  
PENSACOLA FL 32504

Mailing Address

6024 N 9TH AVE  
PENSACOLA FL 32504

598523-90023-34



|   |                        |  |
|---|------------------------|--|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 10/26/1995   |
| 22 City & State                                 | 27 City & State        | 4. FEI Number  |
| 23 Zip  | 28 Zip                 | 59-3351768   |
| 24 Country                                      | 29 Country             | Applied For  |
|   | 30 Country             | Not Applicable   |
| 9. Name and Address of Current Registered Agent |                        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|   |                        | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
|   |                        | Trust Fund Contribution  |

**LUCEY, RICHARD W MD**  
6024 N 9TH AVE  
PENSACOLA FL 32504

81 Name **Richard w. Lucey, MD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
4300 Bayou Blvd., Ste. 27  
83  
84 City **Pensacola** **FL** 85 Zip Code **32503**

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                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUCEY, RICHARD W MD                          | 1.2 NAME  |  |
| STREET ADDRESS             | 6024 N 9TH AVE                               | 1.3 STREET ADDRESS                                    | 4300 Bayou Blvd, Ste 27  |
| CITY-ST-ZIP                | PENSACOLA FL 32504                           | 1.4 CITY-ST-ZIP                                       | Pensacola, FL 32503  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KEYES, MARCIA                                | 2.2 NAME  |  |
| STREET ADDRESS             | 329 EDGEWATER DR                             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL 32507                           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | REESE, JOYCE                                 | 3.2 NAME  |  |
| STREET ADDRESS             | 1519 N A ST                                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL 32501                           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | RIGGS, THOMAS                                | 4.2 NAME  |  |
| STREET ADDRESS             | 3961 MCCLELLAN RD                            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL 32503                           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SHELBY, ROOSEVELT                            | 5.2 NAME  |  |
| STREET ADDRESS             | 1104 N 48TH AVE                              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL 32506                           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 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: *Richard W. Lucey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/99 850-477-3455

CR2E037 (5/99)