

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25338** (5)

1. Corporation Name

JIM COLBERT GOLF, INC.



Principal Place of Business

Mailing Address

1803 LBJ FRWAY
STE 810
DALLAS TX 75234
US

1803 LBJ FRWAY
STE J810
DALLAS TX 75234
US

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

04/19/1995

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

29

30

4. FET Number

88-0199332

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, JIM
100 TRYON CIR.
TALLAHASSEE FL 32308

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 of Registered Agent or other person authorized to file

Not Registered Agent or other person authorized to file

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	WILLIAMS, ROBERT H.	
STREET ADDRESS	6027 LAKEHURST	
CITY-STATE-ZIP	DALLAS TX	
TITLE	VD	☐ DELETE
NAME	LAMBERT, STEPHEN D.	
STREET ADDRESS	1722 SHUMARD OAK LANE	
CITY-STATE-ZIP	IRVING TX	
TITLE	V	☐ DELETE
NAME	REYNOLDS, STEVEN	
STREET ADDRESS	4340 TWIN POST	
CITY-STATE-ZIP	DALLAS TX	
TITLE	D	☒ DELETE
NAME	COLBERT, JAMES J JR	
STREET ADDRESS	222 SOUTH RAINBOW, STE. 117	
CITY-STATE-ZIP	LAS VEGAS NV	
TITLE	D	☒ DELETE
NAME	NOLAN, JOSEPH P	
STREET ADDRESS	6100 SEARS TOWER	
CITY-STATE-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	DP	☒ Change ☐ Addition
2. NAME	Williams, Robert H.	
3. STREET ADDRESS	3510 Turtle Creek Unit 88	
4. CITY-STATE-ZIP	Dallas, TX 75219	
5. TITLE	NTV	☐ Change ☒ Addition
6. NAME	Berndsen, John H.	
7. STREET ADDRESS	6146 Prestonshire	
8. CITY-STATE-ZIP	Dallas, TX 75225	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 214-247-1199

Date

Office Phone #

CR2E034 (12/95)