

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 28 1997 8:00am  
Secretary of State

DOCUMENT # P93000050683 (0)

1. Corporation Name

KINGBUSTER CLASSIC TOURNAMENTS, INC.



Principal Place of Business

Mailing Address

142 MILL CREEK ROAD  
JACKSONVILLE FL 32211

142 MILL CREEK ROAD  
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMBS, ROGER L

142 MILL CREEK ROAD 13051 BEACH BLVD STE 300  
JACKSONVILLE FL 32211 32246

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME WORKMAN, DAVID E JR  
STREET ADDRESS 142 MILL CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME COMBS, ROGER L  
STREET ADDRESS 142 MILL CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME COMBS, DONALD R  
STREET ADDRESS 142 MILL CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME STINSON, E P  
STREET ADDRESS 142 MILL CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

13051 BEACH BLVD SUITE 200  
JACKSONVILLE, FL 32246

☒ Change ☐ Addition

13051 BEACH BLVD SUITE 300  
JACKSONVILLE, FL 32246

☒ Change ☐ Addition

13051 BEACH BLVD SUITE 300  
JACKSONVILLE, FL 32246

☒ Change ☐ Addition

7933 BAYMEADOWS WAY STE 9  
JACKSONVILLE, FL 32256-5070

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

*[Signature]* ROGER L. COMBS 7/27/97 0446626626

CR2E034 (4/97)