

**Fill in this information to identify the case:**

Debtor 1 <u>Premier Kings, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <b>NORTHERN DISTRICT OF ALABAMA</b>
Case number: <b>23-02871</b>

FILED  
U.S. Bankruptcy Court  
NORTHERN DISTRICT OF ALABAMA  
12/20/2023  
Joseph E. Bulgarella, Clerk

**Official Form 410  
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>Dennis W. Hollingsworth, St. Johns County Tax Coll</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Dennis W. Hollingsworth, St. Johns County Tax Coll</u> Name  P O Box 9001 St. Augustine, FL 32085-9001  Contact phone <u>904-209-2278</u> Contact email <u>blong@sjctax.us</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name  Contact phone _____ Contact email _____
	<b>4. Does this claim amend one already filed?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>1943.34</u></p> <p><b>Does this amount include interest or other charges?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).                  Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p><u>2023 Tangible Personal Property Tax #351096-0000</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input checked="" type="checkbox"/> Other. Describe: <u>Tangible Personal Property</u></p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ <u>150490.00</u></p> <p><b>Amount of the claim that is secured:</b> \$ <u>1943.34</u></p> <p><b>Amount of the claim that is unsecured:</b> \$ <u>0.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>1943.34</u></p> <p><b>Annual Interest Rate</b> (when case was filed) <u>18.00</u> %</p> <p><input checked="" type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 1943.34
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____	
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/20/2023  
MM / DD / YYYY

/s/ Dennis W. Hollingsworth

Signature

Print the name of the person who is completing and signing this claim:

Name Dennis W. Hollingsworth

First name Middle name Last name

Title St, Johns County Tax Collector

Company \_\_\_\_\_

Identify the corporate servicer as the company if the authorized agent is a servicer

Address P O Box 9001

Number Street

St. Augustine, FL 32085-9001

City State ZIP Code

Contact phone 904-209-2278 Email blong@sjctax.us

Dennis W. Hollingsworth, CFC  
St. Johns County Tax Collector

2023 Personal Property  
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM  
ASSESSMENTS

205876.0000

PARCEL NUMBER	ESCROW CD	Millage Code
351096-0000		304

SAVE TIME PAY ONLINE @ [www.stjohnstax.us](http://www.stjohnstax.us)

141 GATEWAY CIR SAINT JOHNS  
141 GATEWAYCIR  
SAINT JOHNS

PREMIER KINGS OF GEORGIA INC  
7078 PEACHTREE INDUSTRIAL BLVD  
STE 800  
PEACHTREE CORNERS GA 30071-1068

MAILING ADDRESS: PO Box 9001, St. Augustine, FL 32085  
(904) 209-2250

AD VALOREM TAXES

TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE	EXEMPTION AMOUNT	TAXABLE AMOUNT	TAXES LEVIED
<b>COUNTY</b>					
GENERAL	150,490	4.6537	25,000	125,490	583.99
ROAD	150,490	0.8444	25,000	125,490	105.96
HEALTH	150,490	0.0160	25,000	125,490	2.01
<b>SCHOOL</b>					
SCHOOL-STATE LAW	150,490	3.1620	25,000	125,490	396.80
SCHOOL - LOCAL BOARD	150,490	2.2480	25,000	125,490	282.10
<b>SJRWMD</b>	150,490	0.1793	25,000	125,490	22.50
<b>FIRE</b>	150,490	1.3813	25,000	125,490	173.34
<b>MOSQUITO</b>	150,490	0.1800	25,000	125,490	22.59
<b>FL INLAND NAV DISTRICT</b>	150,490	0.0288	25,000	125,490	3.61
<b>AIRPORT</b>	150,490	0.0000	25,000	125,490	0.00
Penalty					398.23

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

IMPORTANT: All exemptions do not apply to all taxing authorities. Please contact the St. Johns County Property Appraiser for exemption/assessment questions; www.sjcpa.us or (904) 827-5500.

<b>TOTAL MILLAGE</b>	12.6935	<b>AD VALOREM TAXES</b>	1,991.13
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NON AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
		0.00

SAVE TIME PAY ONLINE @ [www.stjohnstax.us](http://www.stjohnstax.us)

<b>NON AD VALOREM ASSESSMENTS</b>	0.00
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<b>COMBINED TAXES AND ASSESSMENTS</b>	1,991.13	See reverse side for important information
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	11/30/2023	12/31/2023	01/31/2024	02/29/2024	03/31/2024
Please Pay	1,927.41	1,943.34	1,959.27	1,975.20	1,991.13

Dennis W. Hollingsworth, CFC

2023 Personal Property

205876.0000

St. Johns County Tax Collector

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PREMIER KINGS OF GEORGIA INC  
7078 PEACHTREE INDUSTRIAL BLVD  
STE 800  
PEACHTREE CORNERS GA 30071-1068

DO NOT WRITE BELOW THIS PORTION

PLEASE PAY IN U.S. FUNDS TO DENNIS W. HOLLINGSWORTH, TAX COLLECTOR - P.O. BOX 9001, ST. AUGUSTINE, FL 32085-9001

	11/30/2023	12/31/2023	01/31/2024	02/29/2024	03/31/2024
Please Pay	1,927.41	1,943.34	1,959.27	1,975.20	1,991.13

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