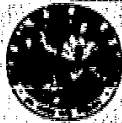


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:15

DOCUMENT # P92000012720 (8)

1. Corporation Name

PGA TOUR HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 112 TPC BOULEVARD PONTE VEDRA FL 32082	Mailing Address 112 TPC BOULEVARD PONTE VEDRA FL 32082
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3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 04/08/1994
4. FEI Number 59-3158885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TRIOLA, JAMES C
112 TPC BOULEVARD
PONTE VEDRA FL**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEMAN, DEANE R
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA BCH FL
CITY - ST - ZIP	
TITLE	DPT
NAME	KELLY, VERNON A JR
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA FL
CITY - ST - ZIP	
TITLE	D
NAME	FINCHEM, TIMOTHY W
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA FL
CITY - ST - ZIP	
TITLE	V
NAME	ZINK, CHARLES L
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA FL
CITY - ST - ZIP	
TITLE	V
NAME	TOMLINSON, KEITH
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA FL
CITY - ST - ZIP	
TITLE	S
NAME	TRIOLA, JAMES C
STREET ADDRESS	112 TPC BOULEVARD PONTE VEDRA FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERRIS, RICHARD J.	
1.3 STREET ADDRESS	1436 RIDGE ROAD NORTHBROOK, IL 60062	
1.4 CITY - ST - ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		32082
3.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		32082
4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		32082
5.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOORHOUSE, EDWARD L.	
5.3 STREET ADDRESS	2403 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		32082

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: James C. Triola **4/13/95** **904/285-3700**
 JAMES C. TRIOLA, SECRETARY

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PGA TOUR HOLDINGS, INC.

Item 12. Officers and Directors (continued)

- 7.1 Title: V
- 7.2 Name: Walser, Joe, Jr.
- 7.3 Address: 112 TPC Boulevard
- 7.4 City-St-Zip: Ponte Vedra Beach, FL 32082

- 8.1 Title: V/T
- 8.2 Name: Winsor, Steven A.
- 8.3 Address: 112 TPC Boulevard
- 8.4 City-St-Zip: Ponte Vedra Beach, FL 32082