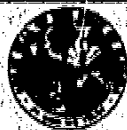


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H52742

(4)

1. Corporation Name

PGA TOUR FAMILY GOLF CENTERS, INC.

Principal Place of Business

**112 TPC BLVD
PONTE VEDRA BEACH FL 32082
US**

Mailing Address

**112 TPC BLVD
PONTE VEDRA BEACH FL 32082
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2551335

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TRIOLA, JAMES C
112 TPC BOULEVARD
PONTE VEDRA BEACH FL 32082**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
MOORHOUSE, EDWARD L
3223 OLD BARN RD E
PONTE VEDRA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VID
KELLY, VERNON A JR
1221 S FIRST ST T-2
JACKSONVILLE BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
TRIOLA, JAMES C
1165 SALT MARSH CIR
PONTE VEDRA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BEMAN, DEANE R
117 CARRIAGE LAMP WAY
PONTE VEDRA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**2403 PONTE VEDRA BOULEVARD
32082**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

32250

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

S/D

32082

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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, SECRETARY

4/13/95

904/285-3700