

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H52742** (4)

1. Corporation Name

PGA TOUR FAMILY GOLF CENTERS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2551335

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 607.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent, if not applicable)

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORHOUSE, EDWARD L	
STREET ADDRESS	2403 PONTE VEDRA BOULEVARD	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KELLY, VERNON A JR	
STREET ADDRESS	1221 S FIRST ST T-2	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRIOLA, JAMES C	
STREET ADDRESS	1165 SALT MARSH CIR	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEMAN, DEANE R	
STREET ADDRESS	117 CARRIAGE LAMP WAY	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8009 Whisper Lake Lane Ponte Vedra Beach, FL 32082
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1221 South First Street, TH3
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32250
3.1 TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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:

James C. Triola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James C. Triola, Secretary

April 12, 1996
Date

904/285-3700
Telephone #

CR2E034 (12/95)