FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **H53370** **(3)**

1. Corporation Name
PGA TOUR CONSTRUCTION SERVICES, 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 112 PGA TOUR Blvd.

2a. Mailing Address
26 112 PGA TOUR Blvd.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

3. Date Incorporated or Qualified
04/23/1985

4. FEI Number
59-2551330
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 TPC BOULEVARD
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
112 PGA TOUR Boulevard

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	ZINK, CHARLES L		1.2 NAME		
STREET ADDRESS	20 POINCIANA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	32082	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	KELLY, VERNON A., JR		2.2 NAME		
STREET ADDRESS	1221 SOUTH FIRST ST, TH3		2.3 STREET ADDRESS	1221 South First St. TH2	
CITY-ST-ZIP	JACKSONVILLE BCH FL		2.4 CITY-ST-ZIP	32250	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	MOORHOUSE, EDWARD		3.2 NAME		
STREET ADDRESS	8009 WHISPER LAKE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP	32082	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	TRIOLA, JAMES C		4.2 NAME		
STREET ADDRESS	1165 SALT MARSH CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP	32082	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	WILKERSON, R. CHRIS		5.2 NAME		
STREET ADDRESS	117 MEADOWCREST LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	32082	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: James C. Triola James C. Triola 4/9/98 904/285-3700