FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90294 046 ***158.75



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53370

1. Corporation Name

PGA TOUR CONSTRUCTION SERVICES, INC.

Principal Place	e of Business	Mailing Address									
112 PGA TOUR	BLVD	112 PGA TOUR BLV	/D								
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL			CH FL 32082	2			DO NOT WEITE IN TUIC CRACE				
US US						0.0-4-1-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							1/1985				
2. Principal Pla	ace of Business	2a. Mailing Addres	S	_		4. FEI Nu	mber		1 }	Applied For	
21		26				59-25	51330			Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, e	tc.			£ Cartifoo	ate of Status Desired	 K D		Additional	
22	•	27				5. Certifica	ate of Status Desired	1.5.J 	Fee	Required	
City & State	9	City & State				6. Election	n Campaign Financing	, _		O May Be	
23		28 -				- Trust F	und Contribution		Adde	d to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax. 10. Name and Address of New Registered A			Yes_	□No			
_	9. Name and Address of Current	Registered Agent		_		10. Name	and Address of New	Registered	Agent		
TDIA	LA JAMES C			81	Name						
	LA, JAMES C		82 Stre			Address (P.O. Box	Number is Not Accep	table)			
112 PGA TOUR BOULEVARD											
PON	TE VEDRA BCH FL 32082			83							
				84	City			FL	85 Zi	p Code	
				ļ					ebeneine	ite segistered	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607,1508, Florida Florida, Such change	Statutes, the was authori	ne above rized by	e-named the corpo	corporation submit pration's board of d	ts this statement for th directors. I hereby acc	e purpose or ept the appoi	ntment as	registered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.05	05, Florida S	Statutés.			-				
SIGNATURE		<u></u>									
1											
	Signature, typed or printed name of registered agent				t signature r	equired when reinstating)		DATE -	ID DIREC	TORS IN 12	
12.	OFFICERS AND	DIRECTORS		13.	t signature r		ONS/CHANGES TO O				
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OUNTAINES C. Triola SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

904/285-3700