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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90294 046 ***158.75

001618

DOCUMENT # **H53370**

1. Corporation Name
PGA TOUR CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082 US	112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1985

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2551330	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 PGA TOUR 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)
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	104 Planters Row East	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, VERNON A., JR		2.2 NAME		
STREET ADDRESS	1221 SOUTH FIRST ST TH2		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		2.4 CITY-ST-ZIP		
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 32082		3.4 CITY-ST-ZIP		
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 32082		4.4 CITY-ST-ZIP		
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 32052		5.4 CITY-ST-ZIP		
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		

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.

SIGNATURE: SIGNATURE REQUIRED James C. Triola 4/14/99 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/1/98)