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 # **H61655** **(7)**

1. Corporation Name
PGA TOUR BROKERAGE SERVICES, INC.

Principal Place of Business	Mailing Address
112 TPC BLVD. PONTE VEDRA BEACH FL 32082	112 TPC BLVD. PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/10/1985**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2551333** ☐ 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

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C
112 TPC BLVD.
PONTE VEDRA 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	DC	11 TITLE		☒ Change ☐ Addition
NAME	BEMAN, DEANE R.	12 NAME		
STREET ADDRESS	117 CARRIAGE LAMP WAY	13 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	KELLY, VERNON A., JR.	22 NAME		
STREET ADDRESS	1221 SOUTH FIRST STREET, TH2	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	24 CITY-ST-ZIP		32250
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MOORHOUSE, EDWARD	32 NAME	MOORHOUSE, EDWARD L.	
STREET ADDRESS	3223 OLD BARN RD E	33 STREET ADDRESS	2403 PONTE VEDRA BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA FL	34 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	P	41 TITLE	D/P	☒ Change ☒ Addition
NAME	ZINK, CHARLES L	42 NAME		
STREET ADDRESS	20 POINCIANA WAY	43 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL	44 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	ST	51 TITLE		☐ Change ☒ Addition
NAME	TRIOLA, JAMES C	52 NAME		
STREET ADDRESS	1165 SALT MARSH CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	54 CITY-ST-ZIP		32082
TITLE	V	61 TITLE		☐ Change ☒ Addition
NAME	WALSER, JOE J	62 NAME		
STREET ADDRESS	108 PADDOCK PLACE	63 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	64 CITY-ST-ZIP		32082

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)(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 4/13/95 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JAMES C. TRIOLA, SECRETARY

0004063 CP