

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # H61655 (7)

1. Corporation Name
PGA TOUR BROKERAGE SERVICES, INC.

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

Mailing Address
112 TPC BLVD.
PONTE VEDRA BEACH FL 32082-3046

3. Date Incorporated or Qualified 06/10/1985
3a. Date of Last Report 04/16/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DO--~~ ☒ DELETE

NAME ~~BEMAN, DEANE R.~~
STREET ADDRESS ~~117 CARRIAGE LAMP WAY--~~
CITY-ST-ZIP ~~PONTE VEDRA BCH FL--~~

TITLE ~~D~~ ☐ DELETE

NAME KELLY, VERNON A., JR.
STREET ADDRESS 1221 SOUTH FIRST ST TH3
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE ~~D~~ ☐ DELETE

NAME MOORHOUSE, EDWARD
STREET ADDRESS 8009 WHISPER LAKE LANE
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ~~DP~~ ☐ DELETE

NAME ZINK, CHARLES L
STREET ADDRESS 20 POINCIANA WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ~~ST~~ ☐ DELETE

NAME TRIOLA, JAMES C
STREET ADDRESS 1185 SALT MARSH CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ~~V--~~ ☒ DELETE

NAME ~~WALSER, JOE J--~~
STREET ADDRESS ~~108 PADDOCK PLACE--~~
CITY-ST-ZIP ~~PONTE VEDRA BEACH FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32250

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32082

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

32082

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

32082

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
Price, Ron
2316 Beachcomber Trail
Atlantic Beach, FL 32233

14. I do 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

04/25/97 904/285-3700

CR2E034 (9/96)