

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 # **M88289**

(7)

1. Corporation Name

PGA TOUR STRATEGIES, INC.

Principal Place of Business

**112 TPC BLVD.
PONTE VEDRA BEACH FL 32082**

Mailing Address

**112 TPC BLVD.
PONTE VEDRA BEACH FL 32082-3046**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

04/17/1996

4. FEI Number

59-2904717

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE

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

TITLE **DP** ☐ DELETE

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

TITLE **DT** ☐ DELETE

NAME **FINCHEM, TIMOTHY W.**
STREET ADDRESS **12812 MARSH CREEK DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **S** ☐ DELETE

NAME **TRIOLA, JAMES C**
STREET ADDRESS **1185 SALT MARSH CIR**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE **V** ☐ DELETE

NAME **DAVISON, PETER S.**
STREET ADDRESS **24821 DEER TRACE DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **DSV** ☐ DELETE

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

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S/T** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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**

James C. Triola

04/25/97 904/285-3700

CR2E034 (9/96)