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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1988

4. FET 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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business:

21 **112 PGA TOUR Blvd.**

Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26 **112 PGA TOUR Blvd.**

Suite, Apt. #, etc.

27
City & State

28
Zip Country

9. Name and Address of Current Registered Agent

**TRIOLA, JAMES C
112 TPC BLVD.
PONTE VEDRA FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

112 PGA TOUR Boulevard

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELLY, VERNON A JR	
STREET ADDRESS	1221 SOUTH FIRST ST. TH3	
CITY- ST- ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCHEM, TIMOTHY W.	
STREET ADDRESS	7160 MARSH HAWK CT.	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TRIOLA, JAMES C	
STREET ADDRESS	1165 SALT MARSH CIR	
CITY- ST- ZIP	PONTE VEDRA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVISON, PETER S.	
STREET ADDRESS	24621 DEER TRACE DR.	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MOORHOUSE, EDWARD L.	
STREET ADDRESS	8009 WHISPER LAKE LANE	
CITY- ST- ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1221 South First St. TH2
1.4 CITY- ST- ZIP	32250
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	32082
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	32082
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	32082
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/Sr.V
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	32082
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **James C. Triola**

James C. Triola

4/9/98

904/285-3700

CR2E034 (10/97)