

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90156 043 \*\*\*158.75

DOCUMENT # M88289

1. Corporation Name

PGA TOUR GCP INTERNATIONAL, INC.

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

Mailing Address  
112 PGA TOUR BLVD  
PONTE VEDRA BEACH FL 32082  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1988

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

TRIOLA, JAMES C  
112 PGA TOUR 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELLY, VERNON A JR	
STREET ADDRESS	1221 S FIRST ST, TH2	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCHEM, TIMOTHY W.	
STREET ADDRESS	7160 MARSH HAWK CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TRIOLA, JAMES C	
STREET ADDRESS	1165 SALT MARSH CIR	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVISON, PETER S.	
STREET ADDRESS	24621 DEER TRACE DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MOORHOUSE, EDWARD L.	
STREET ADDRESS	8009 WHISPER LAKE LANE	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME	Continued	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Sr.V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D/Sr.V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zink, Charles L.
6.3 STREET ADDRESS	104 Planters Row East
6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Triola

4/14/99

Date

904/285-3700

Daytime Phone #

CR2E034 (11/98)

001665

389718-90156-43  
# M88289

**PGA TOUR GCP INTERNATIONAL, INC.**

Item 12. Officers and Directors (continued)

Title	Name	Address	City, State and Zip
V	Hawes, Timothy M.	8157 Seven Mile Drive.	Ponte Vedra Beach, FL 32082
V	Tomlinson, Keith W.	315 Pablo Road	Ponte Vedra Beach, FL 32082
V/T	Winsor, Steven A..	1217 Salt Creek Pointe Way	Ponte Vedra Beach, FL 32082