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 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076027 (0)**

1. Corporation Name
PGA TOUR MANAGEMENT SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1993**
3a. Date of Last Report: **04/08/1994**

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: **APPLIED FOR 59-3254893** ☐ 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

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	D ☒ Change ☐ Addition
NAME	BEMAN, DEANE R	12 NAME	MOORHOUSE, EDWARD L.
STREET ADDRESS	112 TPC BLVD	13 STREET ADDRESS	112 TPC BOULEVARD
CITY-ST-ZIP	PONTE VEDRA FL 32082	14 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	DPT	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, VERNON A JR	22 NAME	800001470498
STREET ADDRESS	112 TPC BLVD	23 STREET ADDRESS	-05/02/95--01035--012
CITY-ST-ZIP	PONTE VEDRA FL 32082	24 CITY-ST-ZIP	****208.75 ****208.75
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FINCHEM, TIMOTHY W	32 NAME	TB, 4/27/95
STREET ADDRESS	112 TPC BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	WALSER JOE JR.	42 NAME	
STREET ADDRESS	112 TPC BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	PORE VEDRA BCH., FL 32082	44 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE		51 TITLE	S ☐ Change ☒ Addition
NAME		52 NAME	TRIOLA, JAMES C.
STREET ADDRESS		53 STREET ADDRESS	112 TPC BOULEVARD
CITY-ST-ZIP		54 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 — Daytime Phone #
JAMES C. TRIOLA, SECRETARY

0004447 CP