

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076027 (0)

1. Corporation Name

PGA TOUR MANAGEMENT SERVICES, INC.

Principal Place of Business

112 TPC BLVD
PONTE VEDRA FL 32082

Mailing Address

112 TPC BLVD
PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1993

4. FEI Number

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 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

24

2a. Mailing Address

26 112 PGA TOUR Blvd.

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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)

112 PGA TOUR Boulevard

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 D
NAME MOORHOUSE, EDWARD L.
STREET ADDRESS 112 TPC BOULEVARD
CITY-ST-ZIP PONTE VEDRA FL
☐ DELETE

TITLE DPT
NAME KELLY, VERNON A JR
STREET ADDRESS 112 TPC BLVD
CITY-ST-ZIP PONTE VEDRA FL 32082
☐ DELETE

TITLE D
NAME FINCHEM, TIMOTHY W
STREET ADDRESS 112 TPC BLVD
CITY-ST-ZIP PONTE VEDRA FL 32082
☐ DELETE

TITLE S
NAME TRIOLA, JAMES C
STREET ADDRESS 112 TPC BOULEVARD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 112 PGA TOUR Boulevard
1.4 CITY-ST-ZIP 32082

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 112 PGA TOUR Boulevard
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 112 PGA TOUR Boulevard
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 112 PGA TOUR Boulevard
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

904/285-3700

CR2E034 (10/97)