

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:15

DOCUMENT # S25468 (7)

1. Corporation Name
PGA TOUR INVESTMENTS FINANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1991** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3057625		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HELEN S 112 TPC BLVD PONTE VEDRA FL 32082				B1 Name TRIOLA, JAMES C.			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 James C. Triola DATE 4/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEMAN, DEANE R	1.2 NAME	WALSER, JOE JR.
STREET ADDRESS	117 CARRIAGE LAMP WAY	1.3 STREET ADDRESS	108 PADDOCK PLACE
CITY - ST - ZIP	PONTE VEDRA BCH FL	1.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	PTD	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, VERNON A JR	2.2 NAME	
STREET ADDRESS	1221 S 1ST ST TH-2	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH FL	2.4 CITY - ST - ZIP	32250
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY, W	3.2 NAME	
STREET ADDRESS	12812 MARSH CREEK DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	3.4 CITY - ST - ZIP	32082
TITLE	SV	4.1 TITLE	SENIOR V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD, L	4.2 NAME	
STREET ADDRESS	3223 OLD BARN RD EAST	4.3 STREET ADDRESS	2403 PONTE VEDRA BOULEVARD
CITY - ST - ZIP	PONTE VEDRA BCH FL	4.4 CITY - ST - ZIP	32082
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVISON, PETER, S	5.2 NAME	
STREET ADDRESS	12507 DEER TRACE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	5.4 CITY - ST - ZIP	32082
TITLE	V	6.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZNK, CHARLES, L	6.2 NAME	
STREET ADDRESS	20 POINCIANA WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	6.4 CITY - ST - ZIP	32082

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 110.07(3)(k), 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 807, 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 DATE 4/13/95 904/285-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES C. TRIOLA, SECRETARY

525468

PGA TOUR INVESTMENTS FINANCE, INC.

Item 12. Officers and Directors (continued)

- 7.1 Title: S
- 7.2 Name: Triola, James C.
- 7.3 Address: 1165 Salt Marsh Circle
- 7.4 City-St-Zip: Ponte Vedra Beach, Florida 32082

- 8.1 Title: V/T
- 8.2 Name: Winsor, Steven A.
- 8.3 Address: 1217 Salt Creek Pointe Way
- 8.4 City-St-Zip: Ponte Vedra Beach, Florida 32082