

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1 of 2

DOCUMENT # **S25468** (7)

1. Corporation Name

**PGA TOUR INVESTMENTS FINANCE, INC.**



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

3. Date Incorporated or Qualified <b>01/15/1991</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>59-3057625</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TRIOLA, JAMES C</b> <b>112 TPC BLVD</b> <b>PONTE VEDRA FL 32082</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
	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: \_\_\_\_\_ (Print Name of Registered Agent) \_\_\_\_\_ (Print Name of Registered Agent) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALSER, JOE J</b>	1.2 NAME	<b>Walsler, Joe Jr.</b>
STREET ADDRESS	<b>108 PADDOCK PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	1.4 CITY - ST - ZIP	<b>32082</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELLY, VERNON A JR</b>	2.2 NAME	
STREET ADDRESS	<b>1221 S 1ST ST TH-2</b>	2.3 STREET ADDRESS	<b>1221 South First Street, TH3</b>
CITY - ST - ZIP	<b>JACKSONVILLE BCH FL</b>	2.4 CITY - ST - ZIP	<b>32082</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINCHEM, TIMOTHY, W</b>	3.2 NAME	
STREET ADDRESS	<b>12612 MARSH CREEK DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	3.4 CITY - ST - ZIP	<b>32082</b>
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORHOUSE, EDWARD, L</b>	4.2 NAME	<b>Sr. V</b>
STREET ADDRESS	<b>2403 PONTE VEDA BOULEVARD</b>	4.3 STREET ADDRESS	<b>8009 Whisper Lake Lane</b>
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	4.4 CITY - ST - ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVISON, PETER, S</b>	5.2 NAME	
STREET ADDRESS	<b>12507 DEER TRACE DR</b>	5.3 STREET ADDRESS	<b>24621 Deer Trace Drive</b>
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	5.4 CITY - ST - ZIP	<b>32082</b>
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZINK, CHARLES, L</b>	6.2 NAME	
STREET ADDRESS	<b>20 POINCIANA WAY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	6.4 CITY - ST - ZIP	<b>32082</b>

continued

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)(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 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 April 12, 1996 904/285-3700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY PHONE #  
 James C. Triola, Secretary

CR2E034 (12/95)

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PGA TOUR INVESTMENTS FINANCE, INC.

Item 12. Officers and Directors (continued)

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

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