

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S25468 (7)**  
 1. Corporation Name  
**PGA TOUR INVESTMENTS FINANCE, INC.**



Principal Place of Business <b>112 TPC BLVD PONTE VEDRA FL 32082</b>	Mailing Address <b>112 TPC BLVD PONTE VEDRA FL 32082-3046</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1991</b>	3a. Date of Last Report <b>04/16/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3057625</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<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	

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. City	
				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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (NOTE - Registered Agent signature required when translating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WALSER, JOE JR</b>		1.2 NAME		
STREET ADDRESS	<b>108 PADDOCK PLACE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>		1.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KELLY, VERNON A JR</b>		2.2 NAME		
STREET ADDRESS	<b>1221 S 1ST ST TH-3</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL 32082</b>		2.4 CITY-ST-ZIP	<b>32250</b>	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FINCHEM, TIMOTHY W</b>		3.2 NAME		
STREET ADDRESS	<b>12612 MARSH CREEK DR</b>		3.3 STREET ADDRESS	<b>7160 Marsh Hawk Court</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>		3.4 CITY-ST-ZIP		
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		
STREET ADDRESS	<b>8009 WHISPER LAKE LANE</b>		4.3 STREET ADDRESS	<b>Ponte Vedra Beach, FL 32082</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DAVISON, PEER S</b>		5.2 NAME		
STREET ADDRESS	<b>24821 DEER TRACE DR.</b>		5.3 STREET ADDRESS	<b>Davison, Peter S.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>		5.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input 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 32082</b>		6.4 CITY-ST-ZIP		

14. I do 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** *James C. Triola* **04/25/97** **904/285 3700**

CR2E034 (9/96)

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