

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business <b>112 PGA TOUR Blvd.</b> Suite, Apt #, etc.	<b>2a.</b> Mailing Address <b>112 PGA TOUR Blvd.</b> Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/15/1991</b>	
<b>4.</b> FEI Number <b>59-3057625</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>112 PGA TOUR Boulevard</b>
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, VERNON A JR</b>	
STREET ADDRESS	<b>1221 S 1ST ST TH-3</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FINCHEM, TIMOTHY W</b>	
STREET ADDRESS	<b>7180 MARSH HAWK CT.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORHOUSE, EDWARD L</b>	
STREET ADDRESS	<b>8009 WHISPER LAKE LANE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH F</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVISON, PETER S.</b>	
STREET ADDRESS	<b>24821 DEER TRACE DR.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ZINK, CHARLES L</b>	
STREET ADDRESS	<b>20 POINCIANA WAY</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	<b>1221 S First St. TH2</b>
<b>1.4</b> CITY-ST-ZIP	<b>32082</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	<b>32082</b>
<b>3.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	<b>Senior V</b>
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	<b>32082</b>
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	<b>S</b>
<b>6.3</b> STREET ADDRESS	<b>Triola, James C.</b>
<b>6.4</b> CITY-ST-ZIP	<b>1165 Salt Marsh Circle Ponte Vedra Beach, FL 32082</b>

**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 *James C. Triola* **4/9/98** **904/285-3700**

CR2E034 (10/97)

**PGA TOUR INVESTMENTS FINANCE, INC.**

**Item 12. Officers and Directors (continued)**

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