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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S25468**

1. Corporation Name
PGA TOUR INVESTMENTS FINANCE, INC.



Principal Place of Business 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US	Mailing Address 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1991	
21		26		4. FEI Number 59-3057625	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent TRIOLA, JAMES C 112 PGA TOUR 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)
				83	
				84	City
				85	Zip Code
				FL	

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VERNON A JR	1.2 NAME	
STREET ADDRESS	1221 S FIRST ST TH2	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32082	1.4 CITY-ST-ZIP	32250
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY W	2.2 NAME	
STREET ADDRESS	7160 MARSH HAWK CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	2.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	Sr.V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORHOUSE, EDWARD L	3.2 NAME	
STREET ADDRESS	8009 WHISPER LAKE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, PETER S.	4.2 NAME	
STREET ADDRESS	24621 DEER TRACE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINK, CHARLES L	5.2 NAME	
STREET ADDRESS	20 POINCIANA WAY	5.3 STREET ADDRESS	104 Planters Row East
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIOLA, JAMES C	6.2 NAME	
STREET ADDRESS	1165 SALT MARSH CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	6.4 CITY-ST-ZIP	

Continued

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 of the corporation, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Triola 4/14/99 904/285-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)

389724-90156-49

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PGA TOUR INVESTMENTS FINANCE, INC.

Item 12. Officers and Directors (continued)

Title	Name	Address	City, State and Zip
V/T	Winsor, Steven A.	1217 Salt Creek Pointe Way	Ponte Vedra Beach, FL 32082