3-30-95 2-2781-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # J35526 (9)

1. Corporation Name
SARASOTA TROPHY & AWARDS, INC.

Principal Place of Business	Mailing Address
% ROBERT J. LEVANTI 6601 SUPERIOR AVE. SARASOTA FL 34231	% ROBERT J. LEVANTI 6601 SUPERIOR AVE. SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1986
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2726047 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 __
Suite, Apt #, etc 22 __
City & State 23 __
Zip 24 __ Country 25 __

2a. Mailing Address
26 __
Suite, Apt #, etc 27 __
City & State 28 __
Zip 29 __ Country 30 __

9. Name and Address of Current Registered Agent

LEVANTI, ROBERT J.
6601 SUPERIOR AVE.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	LEVANTI, ROBERT J.	1 2 NAME	
STREET ADDRESS	6601 SUPERIOR AVE.	1 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP	
TITLE	DV	2 1 TITLE	S ☐ Change ☒ Addition
NAME	LEVANTI, KENNETH R.	2 2 NAME	
STREET ADDRESS	6601 SUPERIOR AVE.	2 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2 4 CITY-ST-ZIP	
TITLE	DT	3 1 TITLE	☐ Change ☐ Addition
NAME	LEVANTI, CAROLE A.	3 2 NAME	
STREET ADDRESS	6601 SUPERIOR AVE.	3 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3 4 CITY-ST-ZIP	
TITLE	DS	4 1 TITLE	☒ Change ☐ Addition
NAME	LEVANTI, GREGORY M.	4 2 NAME	Resigned
STREET ADDRESS	6601 SUPERIOR AVE.	4 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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)(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: Carole A. Levanti — 3-27-95 (813) 921-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carole A. Levanti

0339481 CP