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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F35499 (5)

THE TROPHY & SHIRT SHOP, INC.

**FILED** Mar 26 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		- I redikto kino kikin shini shelid tahid tahi dibili dibili dibili	01011 01014 01041 1201			
319 MAGNOLIA AVENUE 319 MAGNOLIA AVENUE			Æ					
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 3295				.2		DO NOT WOITE IN THIS COAD	F	
-						DO NOT WRITE IN THIS SPAC  3. Date Incorporated or Qualified	E	٦
						05/20/1981		
2. Principal P	lace of Business	2a. Mailing Address			7//	4. FEI Number	Applied For	1
21		26				59-2100497	Not Applicable	]
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$1	3.75 Additional	7
22		27					Fee Required	4
City & State	e	City & State					5.00 May Be Added to Fees	1
Zip	Country	Z(p	Cou	intry		8. This corporation owes or has paid the current y		1
24	25 29 30		——	of the outpointed extension and the content your manage		_ ~		
	9. Name and Address of Curre		1551			10. Name and Address of New Registered Agen	t	1
BL	JTT, JOAN R.			81	Name			1
	9 MAGNOLIA AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		┨
MERRITT ISLAND FL 32952								
				83				
				84	City	85	Zip Code	1
	- d	00 1 007 4500 Fts 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				FL <sup>°°</sup>	L	1
office or r	egistered agent, or both, in the State	oz and 607.1508, Florida Statu e of Florida. Such change was	ites, the ai authorize	pove d by	i-named corp the corporati	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointm	ging its registered ent as registered	
l agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Stat	utes	i.			
SIGNATURE	Signature, typed or printed hame of registered ag	ent and the if applicable (NO	TE Repistere	d Age	nl signature require	ed when reinstaling) DATE		
12.	<del></del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	CTORS IN 12	12
TITLE	VO	☐ DELET <b>e</b>	1.1 TO	TLE			hange Addition	75
NAME	SPRAGUE, JOHN F		1.2 N	1.2 NAME				5
STREET ADDRESS				1.3 STREET ADDRESS				۱ğ
CITY-ST-ZIP	GLOUCESTER MA PD	Printe	1.4 CITY-		r-ZIP		Lance Definition	Ą
TITLE	BUTT, JOAN	DELET <b>e</b>	2.1 TITLE		}	<u> </u>	hange	1
NAME STREET ADDRESS	1364 WILDWOOD WAY		2.2 NAME 2.3 STREE		*DODECT			
CITY-ST-ZIP	ROCKLEDGE FL		2.3 STREE 2. 4 CITY-		- 1	•.		
TITLE	8T	DELETE	3.1 TITLE		1-24		hange Addition	1
NAME	SPRAGUE, LINDA J		3.2 NA	ME				
STREET ADDRESS	225 WASHINGTON		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	GLOUCESTER MA		3 4. C(TY-5		7 - ZIP			
TITLE	STD	☐ DELETE	4.1 Ti	TLE			hange	
NAME	REEVES, ANNA BELLE		4. 2 N	AME	-			1
STREET ADDRESS	1605 N.BANANA RIVER DR				ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	DELETE	4.4 CI		1-2IP		hanna Addition	4
TITLE		DELETE	5.1 TII		}	L. (	hange	1
NAME CORES ADDRESS			5.2 NA		ADDRECO			
STREET ADDRESS CITY-ST-ZIP					ADDRESS			
TITLE		☐ DELETE	5.4 CI 6.1 TI		1-211		hange	+
NAME			6.2 NA		Ì		- 4	
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP			6.4 CI		l l			
	certify that the information supplied v	vith this filing does not qualify:				Section 119.07(3)(i), Florida Statutes. I further certify the	nat the information	1

indicated on this annual report or supplemental annual report is true and daccurate 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.