

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96187

FILED
Mar 14, 2016
Secretary of State
CC0806574960

Entity Name: THE TROPHY CENTER, INCORPORATED

Current Principal Place of Business:

529 EGLIN PARKWAY, NE
FORT WALTON BEACH, FL 32547-2829

Current Mailing Address:

529 EGLIN PARKWAY, NE
FORT WALTON BEACH, FL 32547-2829 US

FEI Number: 59-2228081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIVENS, GREGORY G PRESIDENT
529 EGLIN PKWY NE
FORT WALTON BEACH, FL 32547-2829 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY G. GIVENS

03/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GIVENS, GREGORY G
Address 529 EGLIN PARKWAY, NE
City-State-Zip: FORT WALTON BEACH FL 32548-2829

Title TREA
Name GIVENS, PATRICIA A
Address 529 EGLIN PARKWAY, NE
City-State-Zip: FORT WALTON BEACH FL 32548-2829

Title VP
Name GIVENS, JOSHUA A
Address 529 EGLIN PLWY NE
City-State-Zip: FORT WALTON BEACH FL 32547-2829

Title VP
Name CURTIS, RANAE
Address 529 EGLIN PKWY NE
City-State-Zip: FORT WALTON BEACH FL 32547-2829

Title SEC
Name GIVENS, CORRINNE A
Address 529 EGLIN PKWY NE
City-State-Zip: FORT WALTON BEACH FL 32547-2829

Title ASST. TREASURER
Name MOSIER, JANET L.
Address 529 EGLIN PARKWAY, NE
City-State-Zip: FORT WALTON BEACH FL 32547-2829

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY G. GIVENS

PRESIDENT

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date