

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96187

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

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CHAIRMAN
Name BARNHART, JOSEPHINE A VP
Address 736 GRATHWOL DRIVE
City-State-Zip: WILMINGTON NC 28405

Title CORRESPONDING SECRETARY
Name GIVENS, CORRINNE A. SECRETARY
Address 529 EGLIN PARKWAY, NE
City-State-Zip: FORT WALTON BEACH FL 32547-2829

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

Title BOARD MEMBER
Name MCNEESE, STATIA C.
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: PATRICIA A. GIVENS

CFO

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date