

2022 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

04/11/2022

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

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

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date