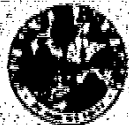


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 589348 (2)

1. Corporation Name

HOUSE OF TROPHIES, INC.

Principal Place of Business

**1090 CASSAT AVE.
JACKSONVILLE FL 32205**

Mailing Address

**1090 CASSAT AVE.
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1978

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Zip

City & State

27

Suite, Apt. #, etc.

28

2a. Mailing Address

4. FBI Number

59-1845849

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

9. Name and Address of Current Registered Agent

**RAUSCH, LAWRENCE R.
1027 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**ROWE, DONALD J.
1050 CASSAT AVE.
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**BARTON, DEBORAH DEKLE
ONE ENTERPRISE CTR #2000
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**HICKOX, GRACE
1838 BELLAIR BLVD
ORANGE PARK, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**HICKOX, GLORIA
10729 LEM TURNER RD.
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

**LISA WORKMAN
10729 LEM TURNER RD.
JACKSONVILLE, FL.**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

Donald J. Rowe

DONALD J. ROWE

3/5/95 (904) 786-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime / Home #