ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 MAY -1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K00615 (0)

1. Corporation Name
TROPHY CASE OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
11180 CLEVELAND AVE FT MYERS FL 33907	11180 CLEVELAND AVE FT MYERS FL 33907

000001491780
-05/17/95--01138--017
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1987	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0021803	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

ADAMS, WILLIAM JOHN
135 SE 6TH ST
CAPE CORAL FL 33990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ADAMS, WILLIAM JOHN	12 NAME		
STREET ADDRESS	135 SE 6TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, ARTHUR	22 NAME		
STREET ADDRESS	230 SW 37TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	ADAMS, KRISTIN	32 NAME		
STREET ADDRESS	135 SE 6TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

PD
5-1-95

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)(k), 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: ✓ _____ **WILLIAM J. ADAMS, JR.** ✓ 5-10-95 - 936-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0931193 CP