

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
1900 BANK BUILDING
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # **S02897** (4)

95 MAY -1 AM 12:05

TROPHIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 344 RIVERSIDE AVE JACKSONVILLE FL 32202
Mailing Address: 344 RIVERSIDE AVE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Office Location		2a. Mailing Address		3. Date first published or required		3a. Date of Last Report	
21. 4294 Tanglewilde Dr.		26.		4. FEI Number		Applied For	
22. State Apt. # etc.		27. State Apt. # etc.		59-3035309		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status (Yes/No)		\$8.75 Additional Fee Required	
24. 32257		25. 32257		29. JACKSONVILLE, FL		30. JACKSONVILLE, FL	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, HENRY T. 344 RIVERSIDE AVE JACKSONVILLE FL 32202				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				JACKSONVILLE FL 32257			

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as follows: Florida Secretary of State change was authorized by the corporation's Board of Directors. Thereby, accept the appointment of a registered agent. Form similar with Form 2000 for the corporation. Section 607.09(2), Florida Statutes.

SIGNATURE: *Lynda Harris Preble - President* 4-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:	
OFFICER	DPT PREBBLE, LYNDA H. 344 RIVERSIDE AVE JACKSONVILLE FL	13.1 OFFICER	PREBBLE, LYNDA HARRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DS HARRIS, HENRY T. 344 RIVERSIDE AVE JACKSONVILLE FL	13.2 OFFICER	PREBBLE, ROBERT DANIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		13.3 OFFICER	
OFFICER		13.4 OFFICER	
OFFICER		13.5 OFFICER	
OFFICER		13.6 OFFICER	
OFFICER		13.7 OFFICER	
OFFICER		13.8 OFFICER	
OFFICER		13.9 OFFICER	
OFFICER		13.10 OFFICER	

14. I, the undersigned, certify that the information reported with this report voluntarily furnished and does not qualify for the exemption stated in Section 607.09(2), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report, true and correct 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 person authorized to prepare the report as required by Chapter 607, Florida Statutes, and that my name appears on the report. My office address is as follows: 4294 Tanglewilde Dr. Jacksonville, FL 32257.

SIGNATURE: *Lynda Harris Preble* 4-26-95 (904) 262-1053
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Lynda HARRIS Preble