SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V03176** **(7)**

1. Corporation Name
IVEY'S TROPHY SHOP, INC.

Principal Place of Business	Mailing Address
2777 UNIVERSITY BLVD.. W. JACKSONVILLE FL	2777 UNIVERSITY BLVD.. W. JACKSONVILLE FL

3. Date Incorporated or Qualified: **12/31/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 2777-30 UNIV BLVD W
22 Suite, Apt. #, etc
23 City & State: JACKSONVILLE FLA
24 Zip: 32217 25 Country: USA

2a. Mailing Address
26 2777-30 UNIV BLVD W
27 Suite, Apt. #, etc
28 City & State: JAX. FL
29 Zip: 32217 30 Country: USA

4. FEI Number: **59-3099268** — 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 publicly traded equity interests under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
IVEY, PATRICIA
4019 HABANA AVENUE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name: PATRICK IVEY
82 Street Address (P.O. Box Number is Not Acceptable): 2777-30 UNIVERSITY BLVD W
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	IVEY, PATRICIA	1.2 NAME	
STREET ADDRESS	4019 HABANA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE PD	PD ☑ Change ☐ Addition
NAME	IVEY, PATRICK	2.2 NAME	PATRICK IVEY
STREET ADDRESS	4019 HABANA AVENUE	2.3 STREET ADDRESS	4019 HABANA AVE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 added as an attachment with an address.

SIGNATURE: PATRICK A. IVEY 6/7/96 904-448-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (3/96)