FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03176

IVEY'S TROPHY SHOP, INC.

Principal Place of Business Mailing Address									******
277730 UNIV BLVD W 277730 UNIV BLVD W									
JACKSONVILLI	E FL 32217	• • • • • • • • • • • • • • • • • • • •	JACKSONVILLE FL 32217			BO MOTIVE IN THE SEASE			
US US						DO NOT WRITE IN TH			
	·					3. Date Incorporated or Qualife 12/31/1991	ea		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3099268		No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	П	\$8.75	
22		27				o. Contracte of Carles Beside		Fee Re	equired
City & Sta	te	City & State	 7			6. Election Campaign Financin	g 🖂	\$5.00	•
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	¬ ' ,—¬, '			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curre		_	64		10. Name and Address of Nev	v Registered	Agent	
I/E/	Y, PATRICK	."		81	Name				
277730 UNIVERSITY BLVD W			•	82	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32217			_	and the second control of the second					
JAC	NOOIAVILLE I L 32211			83					注:製器
			Ì	84	City		<u> </u>	85 Zip (Code
44 Durayani	to the provisions of Sections 607.05	02 and 607 1509 Elocido Stat	utos the at		named corner	ation submits this statement for the	F L	e	togistared
office or	registered agent, or both, in the State	of Florida, Such change was	authorized	by 1	the corporation				
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statu	ites.	•				,
SIGNATURE		410	TF 52				DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agent	t signature required v	hen reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	DS IN 12
TITLE	PD	DELETE	1.1 TIT	ıF		ADDITIONS/CHANGES TO C	AFFICENS A	Change	Addition
NAME	IVEY, PATRICK		1.2 NA		1				
STREET ADDRESS					ADDRESS				
	JACKSONVILLE FL 32217								
CITY-ST-ZIP	JACKSONVILLE PL 32217	☐ DELETE	1.4 CIT 2.1 TIT		-ZIP			Change	Addition
	}				J			Contained	
NAME	1		2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1-7-	☐ DELETE	2.4 CI		1-ZIP			Change	Addition
IIILE	LEARCH .	C. DELEIE	3.1 TIT					change	☐ Madition
NAME / S	SECONDER LOCAL		3.2 NA)						
STREET ADDRESS	SON OF SUPPLE				ADDRESS	•		· -	
CITY-ST-ZIP	 	☐ DELETE	3.4. CIT		T-ZIP			Chanca	Addition
TITLE			4,1 TITI		J		•	` ☐ Change	[] MODIBOII
NAME	Maria	· · · · ·	4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4,4 CIT		-ZIP				
TITLE		DELETE	5.1 TITU		ļ			☐ Change	☐ Addition
NAME .			5.2 NA			The second of			
STREET ADDRESS	PD		1		ADDRESS				
CITY-ST-ZIP	10 year	. .	5.4 CIT		-ZIP				
TITLE	TVID FOR SEC.	☐ DELETE	6.1 TITL					☐ Change	☐ Addition
NAME		•	6.2 NA						
					ADDRESS				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 reports 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, olon an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90054 007 ***150.00

CR2E034 (11/98)