

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 824307	
1. Entity Name ROYAL CUP, INC.	

Principal Place of Business 160 CLEAGE DR BIRMINGHAM AL 35217 US	Mailing Address P.O. BOX 170971 BIRMINGHAM AL 35217 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE	CR2E034 (11/03)
4. FEI Number 63-0281988	Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

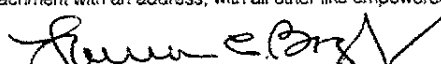
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH JR, WILLIAM E 3405 MONTEVALLO ROAD BIRMINGHAM AL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAGBY, LAMAR 1236 S. COVE LN. BIRMINGHAM, AL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, HATTON 3300 CHEROKEE RD BIRMINGHAM AL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, IVEY ONE INDEPENDENCE PLAZA, SUITE 400 BIRMINGHAM AL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, EUGENE 34 CLARENDON RD BIRMINGHAM, AL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STPEHENS, J. T. PO BOX 1943 N/A BIRMINGHAM AL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000040509 02/03/04-80051-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/5/04 205-849-5836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *