

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F97000000929

1. Entity Name

DELANEY'S OF ALABAMA, INC.



Principal Place of Business

PO BOX 16126
MOBILE, AL 36616

Mailing Address

PO BOX 16126
MOBILE, AL 36616



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0196232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, CAROLEEN M
940 SANTA ROSA BLVD
FORT WALTON BEACH, FL 33548

**DO NOT WRITE
IN THIS SPACE**

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 I accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME DELANEY, J.R.
STREET ADDRESS 3716 SPRINGHILL MEMORIAL DRIVE NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE DS
NAME DELANEY, W.R.
STREET ADDRESS 11 KINGSWAY
CITY-ST-ZIP MOBILE, AL 36608

TITLE DV
NAME FROST, DARLENE D
STREET ADDRESS 3716 SPRINGHILL MEMORIAL DRIVE NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE DV
NAME DELANEY, G.H.
STREET ADDRESS 3712 CLARIDGE RD. NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000163544
07/07/04-80007-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Andy T. Brown, V.P. ANDY T. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

251-460-0910

Daytime Phone #