

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00 am
Secretary of State

DOCUMENT # **na0000003747**

1. Corporation Name

CUP, Inc.

TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**1833 HALSTEAD BLVD.
TALL., FL 32308**

**P.O. Box 6411
TALL., FL 32314**

3. Date Incorporated or Qualified

7-15-96

3a. Date of Last Report

2. Principal Place of Business

21 1833 HALSTEAD BLVD

Suite, Apt. #, etc.

22 501

City & State

23 TALLAHASSEE FL

Zip

24 32308

Country

25 USA

2a. Mailing Address

26 P.O. Box 6411 / 32314

Suite, Apt. #, etc.

27

City & State

28 TALL., FL

Zip

29 32314

Country

30

4. FEI Number

☒ 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 liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMANDA ANDERSON

P.O. Box 6411 1833 HALSTEAD BLVD

TALL., FL 32314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

ADVISOR / DIRECTOR

SHIRLEY ANDERSON

P.O. Box 284, WIA

SEBRING, FL 33870

TITLE

SECRETARY / DIRECTOR

CHERLYN CLAITT

P.O. Box 6411, WIA

TALL., FL 32314

TITLE

ACCOUNTANT

ANDREW RAMSEY

P.O. Box 6411, WIA

TALL., FL 32314

TITLE

PRESIDENT / FOUNDER

SHERMANDA ANDERSON

P.O. Box 6411, WIA

TALL., FL 32314

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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******245.00 *****61.25**

14. I do 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 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15, SEPT. 1997

904-277-8500

CR2E037 (9/96)