

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P23371

1. Entity Name
J.F. DAY AND COMPANY, INC.



Principal Place of Business
2820 6TH AVE SO
BIRMINGHAM, AL 35233

Mailing Address
P.O. BOX 10368
BIRMINGHAM, AL 35202-7368

FILED
Apr 13, 2005 08:00 AM
Secretary of State



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0055795

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAY, III, J. FRANK
STREET ADDRESS 2820 6TH AVENUE SOUTH
CITY- ST- ZIP BIRMINGHAM, AL

TITLE VD
NAME EVANS, ROBERT B
STREET ADDRESS 2820 6TH AVENUE SOUTH
CITY- ST- ZIP BIRMINGHAM, AL

TITLE C
NAME BURT, SUSAN L
STREET ADDRESS 2820 6TH AVE SO
CITY- ST- ZIP BIRMINGHAM, AL 35233

TITLE VP
NAME FRANK, DAY J
STREET ADDRESS 2820 6TH AVE. SOUTH
CITY- ST- ZIP BIRMINGHAM, AL 35233

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000300942
04/13/05-80011-025 150.00

**DO NOT WRITE
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)(i), 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: Sue Burt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 2052717305
Date Daytime Phone #