

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000005159

Entity Name: HOSKIN & MUIR, INC.

Current Principal Place of Business:

4795 SHEPHERDSVILLE RD
LOUISVILLE, KY 40218

Current Mailing Address:

4795 SHEPHERDSVILLE RD
LOUISVILLE, KY 40218 US

FEI Number: 94-2319959

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD
Name MAYHORN, DARRYL
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title VP
Name PETTS, HARRISON
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title DIRECTOR
Name BENSON, GEORGE S.
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title DIRECTOR
Name FULTON, JASON
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title DIRECTOR
Name PETTS, HARRISON
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title DIRECTOR
Name ROBERTS, BRADLEY J.
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title DIRECTOR
Name GARDNER, RICHARD
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title PRESIDENT/CEO
Name MCCLAMROCK, CURTIS
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY CROPPER

CORPORATE
CONTROLLER

04/10/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title TREASURER
Name PETTS, HARRISON
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title SECRETARY
Name PETTS, HARRISON
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218

Title CORPORATE CONTROLLER
Name CROPPER, HOLLY
Address 4795 SHEPHERDSVILLE RD
City-State-Zip: LOUISVILLE KY 40218