FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:41

DOCUMENT # **363023** **(3)**

1. Corporation Name
HOPKINS PONTIAC-OLDS-GMC TRUCK, INC.

Principal Place of Business	Mailing Address
4909 EAST HWY. 90 MARIANNA FL 32446	P.O. BOX 958 MARIANNA FL 32447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1970	3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-1289317	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOPKINS, W. H. SR.
4909 E. HWY. 90
MARIANNA FL 32446

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
(Typed or printed name of registered agent and title if applicable) (If Registered Agent is a corporation, signature of corporate officer required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P HOPKINS, W H 4388 RIVER FORREST RD. MARIANNA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP ☐ Change ☒ Addition VP/S John E Hopkins 2636 Indian Spgs Rd Marianna fl 32446
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HOPKINS, TOM ROUTE 3, BOX 22 CAIRO GA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☒ Addition D L R Hopkins Sr Route 3 Cairo, Ga 31728
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HOPKINS, L. R JR. 4090 E. HWY. 90 MARIANNA FL 32446	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the entity name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. H. Hopkins
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

2-20-95 · 5045363456
Date · Daytime Phone Number

0411260 FP