

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **363023** (3)

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1970	3a. Date of Last Report 02/24/1995
21	22	26	27	4. FET Number 59-1289317	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOPKINS, W. H. SR. 4909 E. HWY. 90 MARIANNA FL 32446				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and the zip code. (NOTE: Registered Agent signature is not required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS HOPKINS, JOHN E 2636 INDIAN SPRINGS RD MARIANNA FL	<input type="checkbox"/> DELETE	1. TITLE
NAME	D HOPKINS, L. R. SR ROUTE 3, BOX 22 CAIRO GA	<input checked="" type="checkbox"/> DELETE	2. NAME
STREET ADDRESS	D HOPKINS, L. R. JR. 4090 E. HWY. 90 MARIANNA FL 32446	<input checked="" type="checkbox"/> DELETE	3. STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4. CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5. TITLE
		<input type="checkbox"/> DELETE	6. NAME
		<input type="checkbox"/> DELETE	7. STREET ADDRESS
		<input type="checkbox"/> DELETE	8. CITY-ST-ZIP
		<input type="checkbox"/> DELETE	9. TITLE
		<input type="checkbox"/> DELETE	10. NAME
		<input type="checkbox"/> DELETE	11. STREET ADDRESS
		<input type="checkbox"/> DELETE	12. CITY-ST-ZIP
		<input type="checkbox"/> DELETE	13. TITLE
		<input type="checkbox"/> DELETE	14. NAME
		<input type="checkbox"/> DELETE	15. STREET ADDRESS
		<input type="checkbox"/> DELETE	16. CITY-ST-ZIP
		<input type="checkbox"/> DELETE	17. TITLE
		<input type="checkbox"/> DELETE	18. NAME
		<input type="checkbox"/> DELETE	19. STREET ADDRESS
		<input type="checkbox"/> DELETE	20. CITY-ST-ZIP

Sec Tom Hopkins
Route 3
Cairo, Ga 31728

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)(k), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* W. H. Hopkins 3-18-96 904-526-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Day/Phone No

CR2E034 (12/95)