

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 689180

(8)

1. Corporation Name

THE HOPKINS HOUSE, INC.

Principal Place of Business

C/O J. EDWARD HOPKINS
900 NORTH SPRING ST.
PENSACOLA FL 32501

Mailing Address

C/O J. EDWARD HOPKINS
900 NORTH SPRING ST.
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1980

3a. Date of Last Report
04/25/1994

4. FEI Number
59-2025910

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOPKINS, J. EDWARD
900 NORTH SPRING ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature) (Print or printed name of registered agent and title if applicable)

(Signature) (Print or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PST
HOPKINS, J. EDWARD
900 N. SPRING STREET
PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
HOPKINS, J. EDWARD
900 N. SPRING STREET
PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY ST ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY ST ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY ST ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY ST ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY ST ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature) (Print or printed name of signing officer or director)

DATE

FILED