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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000004369 (2)

1. Corporation Name

HOPKINS MANUFACTURING CORPORATION

Principal Place of Business

428 PEYTON STREET
EMPORIA KS 66801

Mailing Address

C/O CORPORATION SERVICE CO.
1201 HAYS ST.
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

48-0575295

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME PETERSON, THOMAS
STREET ADDRESS 4311 W. 70TH STREET
CITY-ST-ZIP PRAIRIE VILLAGE KS 66208

TITLE VCD ☐ DELETE

NAME HOPKINS, KEN
STREET ADDRESS 1570 BURLINGAME ROAD
CITY-ST-ZIP EMPORIA KS

TITLE DC ☐ DELETE

NAME JANNING, JAMES
STREET ADDRESS 7701 FORSYTH BLVD.
CITY-ST-ZIP ST. LOUIS MO 63105

TITLE S ☐ DELETE

NAME SCHMALZ, WILLIAM
STREET ADDRESS 7701 FORSYTH BLVD.
CITY-ST-ZIP ST. LOUIS MO 63105

TITLE T ☒ DELETE

NAME LOVELAND, FRANCIS
STREET ADDRESS 7701 FORSYTH BLVD.
CITY-ST-ZIP ST. LOUIS MO 63105

TITLE DVP ☐ DELETE

NAME HAMACHER, SAMUEL
STREET ADDRESS 7701 FORSYTH BLVD.
CITY-ST-ZIP ST. LOUIS MO 63105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 *William A. Schmalz*

914.727.5550

CR2E034 (10/97)