

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001686**

1. Entity Name

HOPKINSVILLE MILLING CO.

Principal Place of Business

**2001 SOUTH WALNUT STREET, BOX 669
HOPKINSVILLE KY 42241**

Mailing Address

**2001 SOUTH WALNUT STREET, BOX 669
HOPKINSVILLE KY 42241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0229120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOTT, JAMES E
219 THREE POND ROAD
COTTONDALE FL 32421**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HARPER, R Y	1904 SOUTH MAIN STREET	HOPKINSVILLE KY 42240	<input type="checkbox"/>
TS	YATES, T H	522 ASHBURY CIRCLE	HOPKINSVILLE KY 42240	<input type="checkbox"/>
D	HARPER, G N	55 WATSON ROAD	BELMONT MA 02478	<input type="checkbox"/>
D	ASHBY, KENNETH H	6805 ASHBURY ROAD	HOPKINSVILLE KY 42240	<input type="checkbox"/>
D	WELGE, DONALD E	PO BOX 227	CHESTER IL 62233	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	DALE, ROBERT V.	1414 CHICKERING ROAD	NASHVILLE TN 37215	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. H. Yates* **T. H. Yates, Sec & Treas****March 23, 2001 270-886-1231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)