

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90050 049 ***150.00

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

J4040101



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-0229120**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HARPER, R Y
STREET ADDRESS 1904 SOUTH MAIN STREET
CITY-ST-ZIP HOPKINSVILLE KY 42240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☒ Delete
NAME YATES, T H
STREET ADDRESS 522 ASHBURY CIRCLE
CITY-ST-ZIP HOPKINSVILLE KY 42240

TITLE TS ☒ Change ☐ Addition
NAME Clark, Ray S
STREET ADDRESS 130 East Ninth
CITY-ST-ZIP Russellville, KY 42276

TITLE D ☐ Delete
NAME HARPER, G N
STREET ADDRESS 55 WATSON ROAD
CITY-ST-ZIP BELMONT MA 02478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ASHBY, KENNETH H
STREET ADDRESS 6805 ASHBY ROAD
CITY-ST-ZIP HOPKINSVILLE KY 42240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WELGE, DONALD E
STREET ADDRESS PO BOX 227
CITY-ST-ZIP CHESTER IL 62233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DALE, ROBERT V
STREET ADDRESS 1414 CHICKERING ROAD
CITY-ST-ZIP NASHVILLE TN 37215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray S. Clark, Sec & Treas 2-23-04 270 886 1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #