


2006 FOR PROFIT CORPORATION ANNUAL REPORT

15142
FILED
Apr 17, 2006 08:00 AM
Secretary of State
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
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0229120	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	HARPER, R Y
STREET ADDRESS	1904 SOUTH MAIN STREET
CITY-ST-ZIP	HOPKINSVILLE, KY 42240
TITLE	TS
NAME	CLARK, RAY S
STREET ADDRESS	130 EAST NINTH
CITY-ST-ZIP	RUSSELLVILLE, KY 42276
TITLE	D
NAME	HARPER, G N
STREET ADDRESS	55 WATSON ROAD
CITY-ST-ZIP	BELMONT, MA 02478
TITLE	D
NAME	ASHBY, KENNETH H
STREET ADDRESS	6805 ASHBY ROAD
CITY-ST-ZIP	HOPKINSVILLE, KY 42240
TITLE	D
NAME	WELGE, DONALD E
STREET ADDRESS	PO BOX 227
CITY-ST-ZIP	CHESTER, IL 62233
TITLE	D
NAME	DALE, ROBERT V
STREET ADDRESS	1414 CHICKERING ROAD
CITY-ST-ZIP	NASHVILLE, TN 37215

U00000515446
04/29/06-80205-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: Ray S. Clark, Sec-Treas 4-10-06 270-686-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #