

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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04/25/08-80050-005 150.00

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-08

270 886 1231