

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90391 021 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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, 2003 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yates, Sec & Treas

04/16/2003

270-886-1231

Date

Daytime Phone #

CR2E034 (10/02)