FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17522** **(4)**

1. Corporation Name
HOPEMAN BROTHERS, INC.

Principal Place of Business	Mailing Address
435 ESSEX AVENUE WAYNESBORO VA 22980	P.O. BOX 820 WYNESBORO VA 22980

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-0852520 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	RATHBURN, DAVID, R	1.2 NAME	
STREET ADDRESS	10123 WILDMERE PL	1.3 STREET ADDRESS	1624 GATEWICK PLACE
CITY-ST-ZIP	CHARLOTTESVILLE VA	1.4 CITY-ST-ZIP	KESWICK, VA. 22947
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLES N.	2.2 NAME	
STREET ADDRESS	436 RALEIGH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESBORO VA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, RUSSELL A.	3.2 NAME	
STREET ADDRESS	908 ASHLEY GLEN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☑ Change ☐ Addition
NAME	HOPEMAN, HENRY W.	4.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 567	4.3 STREET ADDRESS	400 STONELEIGH CT.
CITY-ST-ZIP	WAYNESBORO VA	4.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27106
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOPEMAN, A.A.	5.2 NAME	
STREET ADDRESS	900 LAKE HOUSE DRIVE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	CINDRICK, ROBERT M.	6.2 NAME	
STREET ADDRESS	108 COUNTRY LODGE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESBORO VA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Cindrick Robert M. Cindrick 4/19/95 (703)949-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #