FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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**

3. Date Incorporated or Qualified: **01/05/1988**

3a. Date of Last Report: **04/28/1995**

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

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 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RATHBURN, DAVID, R		1.2 NAME		
STREET ADDRESS	1624 GATEWICK PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KESWICK VA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	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	☐ DELETE	3.1 TITLE	VSTD	☒ 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	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOPEMAN, HENRY W.		4.2 NAME		
STREET ADDRESS	400 STONELEIGH CT.		4.3 STREET ADDRESS	1070 FIELDWOOD LANE	
CITY-ST-ZIP	WINSTON-SALEM NC		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOPEMAN, A.A.		5.2 NAME		
STREET ADDRESS	966 LAKE HOUSE DRIVE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	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		

CR2E034 (12/95)

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 4-19-96 (540) 949-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #