

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 030 ***150.00

DOCUMENT # P17522

1. Corporation Name

HOPEMAN BROTHERS, INC.

Principal Place of Business

435 ESSEX AVENUE
WAYNESBORO VA 22980

Mailing Address

P.O. BOX 820
WAYNESBORO VA 22980
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1988

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RATHBURN, DAVID, R	
STREET ADDRESS	1624 GATEWICK PLACE	
CITY-ST-ZIP	KESWICK VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROMANCHUK, DANIEL H	
STREET ADDRESS	2513 HOLKHAM DR	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WOOD, RUSSELL A.	
STREET ADDRESS	908 ASHLEY GLEN DRIVE	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPEMAN, HENRY W.	
STREET ADDRESS	2840 REYNOLDS DR	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CINDRICK, ROBERT M.	
STREET ADDRESS	108 COUNTRY LODGE RD.	
CITY-ST-ZIP	WAYNESBORO VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	MCGRATH, THOMAS F.
2.4 CITY-ST-ZIP	3066 CLEAR SPRING CT. CHARLOTTESVILLE, VA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Robert M. Cindruck ROBERT M. CINDRICK, 1/28/99 540-949-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)