ÇORI ANNU	PROFIT PORATION AL REPORT 1996		Sandrá Secret	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS		Pay	19)	
DOCUN 1. Corporation		V68633	(9)						
HOPK	(INS MOTOR (CO., INC.			1 10011 011210 2110	: (8)(8 \$)(84 (0)88 ()	là BIBII BIBLI BLAIC A	1816 1 1811 21811 18	6 1
Principal Place	of Business		aling Address						
2700 U S I Lake City US	HWY 90 WEST FL 32055		2700 U.S. HWY 90 N LAKE CITY FL 32059 US						
			•		 Date Incorporated or 09/30/1992 	Qualified 3a	 Date of Last R 07/13/1 	•	
2. Principal Pla	ce of Business	h	Mailing Address		4. FEI Number	l		Applied For	_
Suite, Apt. #	, etc.	26	Suite, Apt #. etc.		59-314392			Not Applicable Additional	;
22		27	······································		5. Certificate of Status (Desired		Required	
City & State		28	City & State		6. Election Campaign F Trust Fund Contribut	~ —		O May Be d to Fees	
Ζιρ	⊢ ¬	untry	Zip	Country	8. This corporation has	liability for intang	ible tax under s		\dashv
24	9. Name and Ad	29 dress of Current Regis	tered Agent		Florida Statutes 10. Name and Address	☐ Yes ☐ of New Regist			-
				81 Name					
	NS, JOHN S	-		82 Street	Address (P.O. Box Number is No	t Acceptable)			-
SUITE	i.w. 22ND Circl 600	Ŀ		83			~ ~~ .		\dashv
	SVILLE FL 32605			84 City		·	85 Zu	Code	_
11. Pursuant to	the provisions of S	ections 607.0502 and 60	7 1508 Elwida Statuta	ha ka aha a garanda	rpcration submits this statement		FL		
or regionale	a agent, or both, in	the State of Florida, Suc ligations of, Section 607.	LUTATUS WAS AUTHORZS	ed by the corporation's	rpcration submits this statement board of directors. Thereby acce	for the purpose pt the appointm	of changing its r ant as registered	egistered offic agent. I am	e
SIGNATURE _									
12.	grature, typica or printed n	and of regideral age it is difficult. OFFICERS AND DIRECT		First dered Agent signature in 13.	pared when reinstating. ADDITION\$/CHANGE	S TO OFFICERS	ATE S AND DIBECTO	FIS IN 12	93
TITLE	\$		DELETE	1 1 THTLE			☐ Change	Addition	E034 (12/95)
NAME STREET ADDRESS	HOPKINS, TI			1.2 NAME					8
CITY-ST-ZIP	SARASOTA	Street, Suite 600 Fl		1.3 STREET ADDRESS					
TITLE			OCLETE	2 1 TITLE			Change	Addition	_ E
NAME				2.2 NAME					
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS					
TITLE			DELETE	2 4 CITY - ST - ZIP 3 1 TIFLE	PD	· · · · · · · · · · · · · · · · · · ·	Change	Addition	\neg
NAME				3 2 NAME	HOPKINS, JOHN S.			~	
STREET ADDRESS CITY+ST+ZIP				3.3 STHEET ADDRESS	1647 N W 22ND CIRC				
TITLE			DELETE	3.4 CITY+ST+ZIP 4.1 TILLE	GAINESVILLE.FL3	2605	[] Change	Addition	4
NAME				4.2 NAME				_	
STREET ADORESS				4.3 STREET ADDRESS					
CITY-S1-2IP TITLE			DELETE	5 1 TIPLE			☐ Change	☐ Addition	4
NAME				5 2 NAME			onlange		
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5 4 CITY - ST - ZIP 6 T TITLE	····	*****	Change	Madalas	_
NAME				6 2 NAME			Change	Addition	
STREET ADDRESS				6 3 STREET ADORESS					
14. I do hereby	certify that the infor	mation supplied with this	filing is voluntarily forces	64 CHY-ST-ZIP	fy for the exemption stated in Se	etion 110 07/04	() Florida Desk t	no 1 filiali	_
oath; that I	am an officer or dire	ated on this annual repor ctor of the colporation o	i or suppiemental ann.i The receiver or trustee	ial report is true and acc	ry for the exemption stated in Securate and that my signature shall this report as required by Chapi	I to a stranger and a stranger	lancel afficult as 14	and a second of the second of	
appears in E	Block 12 or Block 10	3 if changed, or on an att	achment with an addre	955	s replaced by condpi	.c. dar, Fiolica d	zamos, and tild	ству патне	
SIGNATU	IRE. (1 STANCE			4-15-96 904-	752-5050			
SIGNAT	///L	ORE AND TYPES OR PRINTED							

TER MAY 1 IS \$225.00

HEPORT 1995



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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rux	•

Daytime Phone #

Date

1. Corporation	n Name		V686 3	33			(9)								,		0				
Principal Place of Business 2700 U S HWY 90 WEST LAKE CITY FL 32055 US			Mailing Address 2700 U.S. HWY 90 WEST LAKE CITY FL 32055 US					DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report									oort				
2. Principal Pla 21 Suite, Apt. 4 22 City & State 23 Zp	¥, etc.		Country	_	7 8	Mailing Ac Suite, Apt City & Sta Zip	#, etc.	Co.	nia	· · · · · · · · · · · · · · · · · · ·		5. 6.	. Certificate Election C Trust Func	3921 of Statu ampaign of Contrib	r Financ	cing			\$5 Ac	75 ee Re 5.00	optied For ot Applicable Additional equired May Be to Fees
HOPKINS 1647 N.W SUITE 600	, John S . 22ND CI	and	Address of Curre	2 ent Re	9	·	•	30	81 82 83	Name Street	Acdres	10.	This corporation of the corporat	atutes d Addre	lo esc	New R	egister le)	No red A			99.032,
or registere familiar with SIGNATURE	ed agent, or h, and acce Signature, typed	both pt the	of Sections 607.056, in the State of Floe obligations of, Sec ed name of registered age OFFICERS A	orida, Su ction 60 ant and title	uch 07.0	change wa 505, Florid plcable.	as authoriza la Statutes	TE: Registered	Agen	oration's	board Iquired w	of d	lirectors. I h	ereby ac	cept th	ne appo	pose of Antmen	t as r	egiste	red a	gent. I am
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HOPKINS 2700 Y S LAKE CI	HV 8	Y 90 WEST					1. 1 To 1.2 N/ 1.3 ST 1.4 Co 2.0 To	ME REET CY - S	ADORESS IT-ZIP	SE TH	-	NS F HOP	KINS					Chi		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u></u>					2.2 NA 2.3 ST 2.4 CI 3.1 Til	REET 'Y-S'	ADDRESS IT-ZIP	.		· · · · -						Cha	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					_			3.2 N/ 3.3 SI 3.4 CI 4.1 TII 4.2 NA	REET Y-S' LE	T-ZIP									Cha	inge	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	•						 = ., = .		REET Y-S' LE	ADORESS T-ZIP									_ Cha	inge	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	-							5.4 CIT 6.1 TIT 6.2 NA	Y-SI LE ME			-					<u> </u>	[Cha	inge	Addition
certify that to oath; that I	the informat am an offici	ion in Bror	nformation supplied dicated on this and director of the corp k 13 if changed, or	nual rep coration	ort ort	or supplen he receive	nental annu r Or trustee	6.4 cm shed and dial report is empower	y-si loes	s not qual	curate	and	that my sig	nature s	hall hav	∧e the s	same le	galie!	fect a	s if m	age under