

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90010 025 ***150.00

DOCUMENT # V68633

1. Entity Name
HOPKINS MOTOR CO., INC.



Principal Place of Business
**1518 U S HWY 90 WEST
LAKE CITY, FL 32055 US**

Mailing Address
**1518 U.S. HWY 90 WEST
LAKE CITY, FL 32055 US**

50002726



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3143921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOPKINS, JOHN S
10011 NW 50TH TERR
GAINESVILLE, FL 32653**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE S
NAME HOPKINS, THOMAS F
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY-ST-ZIP SARASOTA, FL

TITLE PD
NAME HOPKINS, JOHN S
STREET ADDRESS 10011 NW 50TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32653

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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Hopkins

1/14/05

Date

386-7525050

Daytime Phone #