

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000069852**

1. Corporation Name

H.D. HUMMIT, INC.

Principal Place of Business

P.O. BOX 1599
ZEPHYRHILLS FL 33539

Mailing Address

P.O. BOX 1599
ZEPHYRHILLS FL 33539

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90001 006 ***150.00

002033 - 90001 - 6



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

59-3529992

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. ☐ 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

HOOGSTEDEN, MICHAEL
4241 SKYDIVE LANE
ZEPHYRHILLS FL 33540

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 **D** ☐ DELETE
NAME **HOOGSTEDEN, MICHAEL**
STREET ADDRESS **P.O. BOX 1599**
CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

TITLE **D** ☐ DELETE
NAME **HOOGSTEDEN, WENDY**
STREET ADDRESS **P.O. BOX 1599**
CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Michael Hoogsteden

7-18-1999 813-788-8157

CR2E034 (5/99)

098000064862
602533-90001-6

To Department of State,

7-16-99

I am writing this letter in response to a 1999 Profit Corporation Annual packet I have recently received. The envelope is marked Second Notice with a filing fee of \$550 this includes a \$400 late fee.

RECEIVED
JUL 20 1999

This is the first time I have received this type of form in the mail. I have been incorporated since 8-4-1998 and I have received other mail in regards to my corporation. I believe an error has been made somewhere along the line in the mailing process.. So I ask the state, due to no fault of my own and with good cause to please waive the late fee and accept my payment of \$150.

(Annual report fee: \$61.25 & Annual supplemental corporate fee: \$88.75)

Thank you for your consideration on this matter.

H.D. Hummit Inc.


Michael Hoogsteden


Wendy Hoogsteden