

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).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90007 041 \*\*\*150.00

0088010

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # S27910**

1. Corporation Name

**EAST HOOGEWERFF, INC.**

Principal Place of Business  
**2807 W BUSCH BLVD SUITE 101  
TAMPA FL 33618**

Mailing Address  
**2807 W BUSCH BLVD SUITE 101  
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/25/1991**

4. FEI Number

**59-3078385**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAMMERS, ROBERT J.  
% EAST INC  
2807 W BUSCH BLVD #101  
TAMPA FL 33618**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **DAMMERS, R J**  
STREET ADDRESS **2807 W BUSCH BLVD #101**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ DELETE  
NAME **LAVEROCK, AH**  
STREET ADDRESS **2807 W BUSCH BLVD. #101**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 over an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/12/99 813 931 0960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



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590385-90007-41  
527910

2807 West Busch Blvd.  
Suite 101  
Tampa, Florida 33618  
U.S.A.  
Telephone: (813) 931-0960  
DDD: (813) 931-1168  
FAX: (813) 932-5963  
Email: hoogusa@gte.net

July 12, 1999

Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: 1999 Profit Corporation Annual Report Filing Fee

To Whom It May Concern:

I received the second notice packet and began to frantically research why the filing fee had not been submitted. Files were pulled and there was no indication of having received the original packet. As this is an annual payment, and we are a small company, unfortunately the payment is not one that is readily remembered.

I have enclosed a check in the amount of \$150.00 and the completed report, humbly requesting you accept my explanation of the late filing. As the new Office Manager, I can assure you all future reports and payments will be submitted in a timely fashion.

Sincerely,

Vicki H. Butts  
Office Manager

Enclosure

**LME REGISTERED (hoogewerff reserve l.p.) WAREHOUSES:**

Detroit Warehouse: 4005 W. Fort Street • Detroit, MI 48209 • Telephone: 313-843-5533 • FAX: 313-843-5727  
Baltimore Warehouse: 6905 San Tomas Road • Elkridge, MD 21075 • Telephone: 410-796-8600 • FAX: 410-796-7259  
Chicago Warehouse: 12800 S. Butler Drive • Chicago, IL 60633 • Telephone: 773-646-3900 • FAX: 773-646-3902