

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:07

DOCUMENT # 155325 (4)

1. Corporation Name
LOGAN CONSTRUCTION COMPANY

Principal Place of Business: 1200 WEST CASS STREET STE 101 TAMPA FL 33606
Mailing Address: 1200 WEST CASS STREET STE 101 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1948
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-0585200
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
WILLIAM RAY LOGAN
1200 WEST CASS STREET, SUITE 101
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *W. Ray Logan* W. Ray Logan, President January 26, 1995
NOTE: Registered Agent signature required when consisting

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	LOGAN, CHARLOTTE J
STREET ADDRESS	1200 WEST CASS STREET
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	PTD
NAME	LOGAN, WILLIAM RAY
STREET ADDRESS	1200 WEST CASS STREET
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	CD
NAME	LOGAN, CLAUD D., JR.
STREET ADDRESS	1200 WEST CASS STREET
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Logan, Claude D., Jr. - Deceased-Please Remove
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V, D Logan, Mindy R.
4.3 STREET ADDRESS	1200 W. Cass St., Suite 101.
4.4 CITY - ST - ZIP	Tampa, FL 33606-1311
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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: *W. Ray Logan* W. Ray Logan, President (813)253-3367 Ext23 January 26, 1995