

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 155325 (4)

1. Corporation Name

LOGAN CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

1200 WEST CASS STREET STE 101
TAMPA FL 33606

1200 WEST CASS STREET STE 101
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM RAY LOGAN
1200 WEST CASS STREET, SUITE 101
TAMPA FL 33606

4510 Swann Ave.
33609

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 of 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, President

January 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LOGAN, WILLIAM RAY	
STREET ADDRESS	1200 WEST CASS STREET →	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, CLAUD D., JR.	
STREET ADDRESS	1200 WEST CASS STREET	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOGAN, MINDY R	
STREET ADDRESS	1200 W CASS ST SUITE 101 →	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4510 Swann Avenue
1.4 CITY-STATE-ZIP	Tampa, Florida 33609
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4510 Swann Avenue
3.4 CITY-STATE-ZIP	Tampa, Florida 33609
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Logan, Charlotte J
4.4 CITY-STATE-ZIP	1200 W. Cass St., Suite 101 Tampa, FL 33606
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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, or on an attachment with an address.

SIGNATURE: W. Ray Logan, President; 1/25/96 (813) 253-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State

Ext 23

CR2E034 (12/95)