

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 # **H39081 (5)**

1. Corporation Name
LOGAN MECHANICAL, INC.



Principal Place of Business: **C/O WILLIAM J. LOGAN, SR
8255 125TH CIRCLE N.
LARGO FL 34643**

Mailing Address: **C/O WILLIAM J. LOGAN, SR
8255 125TH CIRCLE N.
LARGO FL 34643**

3. Date Incorporated or Qualified: **01/22/1985** 3a. Date of Last Report: **05/18/1995**

4. FEI Number: **59-2504837** 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 []

22 [] Suite, Apt. #, etc. 27 [] Suite, Apt. #, etc.

23 [] City & State 28 [] City & State

24 [] Zip 25 [] Country 29 [] Zip 30 [] Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOGAN, WILLIAM J., SR
8255 125TH CIRCLE N.
LARGO FL 34643**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] 85 Zip Code: **FL**

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: *William J. Logan Sr.* DATE: **3-23-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOGAN, WILLIAM J., SR	
STREET ADDRESS	8255 125TH CIR., NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, PATRICIA L.	
STREET ADDRESS	8255 125TH CIR., NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM J. LOGAN SR	
1.3 STREET ADDRESS	8255 125TH CIRCLE N.	
1.4 CITY-ST-ZIP	LARGO FL 34643	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA L. LOGAN	
2.3 STREET ADDRESS	8255 125TH CIRCLE N.	
2.4 CITY-ST-ZIP	LARGO FL 34643	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *William J. Logan Sr.* **WILLIAM J. LOGAN SR** **3-23-96** **813 536 7889**

CR2E034 (12/95)