

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33773-2844**

3. Date Incorporated or Qualified  
**01/22/1985**

3a. Date of Last Report  
**03/28/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**59-2504837**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22

27

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

City & State

City & State

Trust Fund Contribution

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24

25

29

30

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

**FL**

85

Zip Code

**33773**

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

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 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 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:

*William J. Logan Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM J. LOGAN SR**

1-21-97

813 536 7887

Date

Daytime Phone #

CR2E034 (9/96)