

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000052771 (0)**

1. Corporation Name

LOGGERHEAD LAND, INC.



Principal Place of Business

**4500 PGA BLVD.
SUITE 304B
PALM BEACH GARDENS FL 33418**

Mailing Address

**4500 PGA BLVD.
SUITE 304B
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **4200 Wackenhut Drive**

Suite, Apt. #, etc.

22 **Suite 110**

City & State

23 **Palm Beach Gardens FL**

Zip

24 **33410**

Country

25

2a. Mailing Address

26 **4200 Wackenhut Drive**

Suite, Apt. #, etc.

27 **Suite 110**

City & State

28 **Palm Beach Gardens FL**

Zip

29 **33410**

Country

30

4. FEI Number

65-0506924

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAMBONE, RICHARD P
2141 S. ALTERNATE A1A, #400
JUPITER FL 33477**

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 officer 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

TITLE ☐ DELETE

NAME **DVS
TAMBONE, LORI B
STREET ADDRESS 4500 PGA BLVD SUITE 304B
CITY-ST-ZIP PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME **DPT
TAMBONE, RICHARD P
STREET ADDRESS 4500 PGA BLVD SUITE 304B
CITY-ST-ZIP PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **4200 Wackenhut Dr., Suite 110**
1.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **4200 Wackenhut Dr., Suite 110**
2.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)