

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAY 14 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 130625

1. Entity Name
LOGAN DISPOSITION CO.



Principal Place of Business

301 N ROME AVE
PO BOX 1608
TAMPA, FL 33606

Mailing Address

301 N ROME AVE
PO BOX 1608
TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #

1510 W. Cleveland Street

3. Mailing Address

1510 W. Cleveland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

05092007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-0338860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, THOMAS K
1200 W PLATT STREET
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
David R. Brittain

Street Address (P.O. Box Number is Not Acceptable)

101 E. Kennedy Boulevard, Suite 2700

City

Tampa

FL

Zip Code
33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LOGAN, CORNELIA J.
301 N ROME AVE.
TAMPA, FL 33606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIDDINGS, JOHN L
301 N ROME AVE.
TAMPA, FL 33606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RONB, RONALD A
301 N ROME AVE.
TAMPA, FL 33606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Kenneth I. Morin
1510 W. Cleveland Street
Tampa, Florida 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
Stacey L. Reisinger
1510 W. Cleveland Street
Tampa, Florida 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stacey L. Reisinger, Secretary

5/11/07

813-258-2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/07