

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 155325
1. Corporation Name
LOGAN CONSTRUCTION COMPANY

(4)

Principal Place of Business
1200 WEST CASS STREET STE 101
TAMPA FL 33606

Mailing Address
946 QUINCE AVE
BOULDER CO 80304-0703
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1948	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0585200	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

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

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, 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

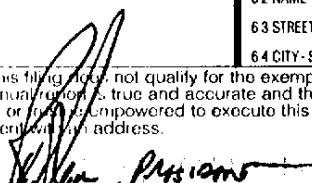
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P D
NAME	LOGAN, WILLIAM RAY	1.2 NAME	Logan, William Ray
STREET ADDRESS	946 QUINCE AVE	1.3 STREET ADDRESS	946 Quince Ave.
CITY-ST-ZIP	BOULDER CO	1.4 CITY-ST-ZIP	Boulder, CO 80304
TITLE	VD	2.1 TITLE	V D T
NAME	LOGAN, MINDY R	2.2 NAME	Logan, Mindy R.
STREET ADDRESS	946 QUINCE AVE	2.3 STREET ADDRESS	946 Quince Ave.
CITY-ST-ZIP	BOULDER CO	2.4 CITY-ST-ZIP	Boulder, CO 80304
TITLE	SD	3.1 TITLE	
NAME	LOGAN, CHARLOTTE J	3.2 NAME	
STREET ADDRESS	1200 W CASS ST, SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 have been 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:



2/6/98 303 413-1263

CR2E034 (10/97)