

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **253964** (1)
1. Corporation Name
LOGAN ENGINEERING AND CONTRACTING COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
COMPANY **COMPANY**
5731 ST.AUGUSTINE RD. **5731 ST.AUGUSTINE RD.**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207**

3. Date Incorporated or Created **12/13/1961** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-0968850** 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**
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc. 26 State Apt # etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
LOGAN,CAMPBELL F
1127 BROOKWOOD RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
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 _____ (Print Name and Title of Registered Agent or Director) _____ (Print Name and Title of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

OFFICER	PDT
NAME	LOGAN, CAMPBELL F
STREET ADDRESS	1127 BROOKWOOD RD
CITY, ST., ZIP	JAX, FL 00000
OFFICER	VD
NAME	LOGAN, JOSEPH E
STREET ADDRESS	4952 PRINCE EDWARD DR.
CITY, ST., ZIP	JACKSONVILLE FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and that I am not liable for the exemption stated in Section 119.07, both Florida Statutes. Further, I certify that the information was filed on this annual report or supplemental annual report, 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 officer of the above named corporation, the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing, or in an amendment with an addition.

SIGNATURE: *C. F. Logan*
NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-27-95

904-731-0000