

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 267504 (9)

1. Corporation Name
LOGAN LIFT INC



Principal Place of Business Mailing Address
7806 N. ORANGE BLOSSOM TRAIL
P.O. BOX 17548
ORLANDO FL 32810

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/26/1963 | 3a. Date of Last Report 09/22/1995 |
| 4. FEI Number 59-0999268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 P.O. BOX 607548 27 Suite, Apt. #, etc. 28 ORLANDO, FL 29 32818 30 ORANGE |
|---|--|

9. Name and Address of Current Registered Agent

GARCIA, JOSEPH, SR.
3409 PITWOOD ROAD
VALRICO FL 33594

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: *Joseph Garcia, Jr.* (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, JOSEPH, SR. | 1.2 NAME | |
| STREET ADDRESS | 3409 PITWOOD ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | VALRICO FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, HILDA | 2.2 NAME | GARCIA, HILDA |
| STREET ADDRESS | 3409 PITWOOD ROAD | 2.3 STREET ADDRESS | 3409 PITWOOD RD. |
| CITY - ST - ZIP | VALRICO FL | 2.4 CITY - ST - ZIP | VALRICO, FL |
| TITLE | STD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, HILDA | 3.2 NAME | |
| STREET ADDRESS | 3409 PITWOOD ROAD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | VALRICO FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | GARCIA, JOSEPH, JR. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 6012 JESSICA DR. |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | APOKA, FL 32703 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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: *Joseph Garcia, Jr.* JOSEPH GARCIA, JR.

Date: Daytime Phone #

CR2E034 (12/95)