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FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 315854

(0)

1. Corporation Name

LOGUN'S LOBSTER HOUSE, INC.

Principal Place of Business

1420 SIMONTON STREET
KEY WEST FL 33040

Mailing Address

1420 SIMONTON STREET
KEY WEST FL 33040-3116



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/18/1967

3a. Date of Last Report

04/22/1996

4. FEI Number

59-1164460

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

LOGUN, STEWART
1420 SIMONTON STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name ARTHUR GLOWACKI / EDWARD CHWOJKA
82 Street Address (P.O. Box Number is Not Acceptable)
~~THE SHORELINE AVE~~
83 1420 SIMONTON AVE
84 City KEY WEST FL 85 Zip Code 33040

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 the if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

04/30/97

OFFICERS AND DIRECTORS

12. TITLE

ST
NAME LOGUN, FAYE G
STREET ADDRESS 1420 SIMONTON ST
CITY-ST-ZIP KEY WEST, FL 00000

TITLE

VP
NAME HORSTMAN, DENNIS
STREET ADDRESS 1420 SIMONTON ST
CITY-ST-ZIP KEY WEST, FL 00000

TITLE

PD
NAME LOGUN, STEWART
STREET ADDRESS 1420 SIMONTON ST
CITY-ST-ZIP KEY WEST, FL 00000

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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.

CR2E034 (9/96)