

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

DOCUMENT # 348141 (3)

1. Corporation Name

P.H. LOGAS & CO. INC.

Principal Place of Business

Mailing Address

% EVELYN P. LOGAS  
805 CRANE AVENUE, P.O. BOX 1292  
MOUNT DORA FL 32757

% EVELYN P. LOGAS  
805 CRANE AVENUE, P.O. BOX 1292  
MOUNT DORA FL 32757



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

3. Date Incorporated or Qualified

06/18/1969

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1265179

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

10. Name and Address of New Registered Agent

LOGAS, JENNIE P.  
805 CRANE AVE.  
MOUNT DORA FL 32757

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: EVELYN P. LOGAS, President

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 29, 1996

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	LOGAS, EVELYN P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAS, EVELYN P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASILIKO, MARY P.	
STREET ADDRESS	14807 CLOVERDALE RD.	
CITY-ST-ZIP	WOODBIDGE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAS, STELLA P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBAUGH, HELEN	
STREET ADDRESS	3 DAVENPORT LANE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Evelyn P. Logas, Pres. April 29, 1996 383-7304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)