FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 JUN 24 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32757-1292

3. Date Incorporated or Qualified: 06/18/1969
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

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

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-06/27/97--01117--015
****165.00 ****165.00

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

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☐ Change ☐ Addition
NAME	LOGAS, EVELYN P.		1.2 NAME	LOGAS, EVELYN P	
STREET ADDRESS	805 CRANE AVENUE		1.3 STREET ADDRESS	805 CRANE AVE	
CITY-ST-ZIP	MOUNT DORA FL		1.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D	☐ DELETE	2.1 TITLE	D.	☐ Change ☐ Addition
NAME	LOGAS, EVELYN P.		2.2 NAME	LOGAS, EVELYN P	
STREET ADDRESS	805 CRANE AVENUE		2.3 STREET ADDRESS	805 CRANE AVE	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	BASILIKO, MARY P.		3.2 NAME	BASILIKO, MARY P	
STREET ADDRESS	14807 CLOVERDALE RD.		3.3 STREET ADDRESS	14807 CLOVERDALE RD,	
CITY-ST-ZIP	WOODBRIDGE VA		3.4 CITY-ST-ZIP	WOODBRIDGE, VA	
TITLE	D	☐ DELETE	4.1 TITLE	D.	☐ Change ☐ Addition
NAME	LOGAS, STELLA P.		4.2 NAME	LOGAS, STELLA P.	
STREET ADDRESS	805 CRANE AVENUE		4.3 STREET ADDRESS	805 CRANE AVE	
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	ALBAUGH, HELEN		5.2 NAME	D. GERAKIDS THOMPSON	
STREET ADDRESS	3 DAVENPORT LANE		5.3 STREET ADDRESS	P.O. BOX 490542 N/A	
CITY-ST-ZIP	MOUNT DORA FL		5.4 CITY-ST-ZIP	LEESBURG, FL 34749-0542	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6-25-97

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.

3.52

SIGNATURE: [illegible] President 5-27-97 383-3304