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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 348141

(3)

1. Corporation Name  
P.H. LOGAS & CO. INC.

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1969

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LOGAS, JENNE 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

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: *Jenne P. Logas*

(NOTE: Registered Agent signature required when reinstating)

DATE: *April 27, 1998*

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PST  
NAME LOGAS, EVELYN P.  
STREET ADDRESS 805 CRANE AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE  
NAME LOGAS, EVELYN P.  
STREET ADDRESS 805 CRANE AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE VD ☐ DELETE  
NAME BASILIKO, MARY P.  
STREET ADDRESS 14807 CLOVERDALE RD.  
CITY-ST-ZIP WOODBRIDGE VA

TITLE D ☐ DELETE  
NAME LOGAS, STELLA P.  
STREET ADDRESS 805 CRANE AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE  
NAME THOMPSON, D. GERAKIDS  
STREET ADDRESS P.O. BOX 490542 N/A  
CITY-ST-ZIP LEESBURG FL 34749-0542

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 (10/97)