FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 349870



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90079 044 ***150.00

LOGG A	ND SONS INC									
Principal Place	e of Business	Mailing Address	Mailing Address					il B (3); B1811 9	1 91 7 919 11 7 99 1	
19345 SW 312N		19345 SW 312ND STREET								
HOMESTEAD FI		HOMESTEAD FL 33030					W 70 00 0			
						DO NOT WRITE	IN THIS S	PACE		
		•				3. Date Incorporated or Qualifed		ı		
		G. Mailin - Address				07/25/1969 4. FEI Number		Δn	plied For	
— '	lace of Business	2a. Mailing Address				59-1286057		-	t Applicable	
21	4 -1-	Suite, Apt. #, etc.						\$8.75		
Suite, Apt	#, etc.	27			5. Certificate of Status Desired		Fee Re			
City & Stat		City & State				# Flortion Compaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
<u>Zip</u>	Country	Zip Country				8. This corporation owes the current	t year Inta	ngible		
24	25	29	30			Personal Property Tax.			□No	
24	9. Name and Address of Curren	1 [- - - - - - - - - -			_	10. Name and Address of New Re	gistered A	gent		l
				81	Name				•	l
LOG	G,CHARLES P JR.,		82 Street Add			ss (P.O. Box Number is Not Acceptable	e)			ì
1934	IS SW 312 STREET			"	Silect Addie	SS (1.0. BOX Hulliber to Her Hecoptas	~,			l
HOM	IESTEAD FL 33030		Ì	83						l
					0"			85 Zip (Code	ł
	,			84 City			FL	[65] Zip (Joue	
office or r	registered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	tnorized da Stati	ites.	ie corporation	ration submits this statement for the pi n's board of directors. I hereby accept	то арроп	manging its tment as re	gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	IDS IN 12	é
12.		OFFICERS AND DIRECTORS 13		n c		ADDITIONS/CHANGES TO OFF	CENS AND	Change	Addition	7
TITLE	P			1.1 TITLE 1.2 NAME						
NAME	LOGG, CHARLES P		1.3 STREET ADDRESS		DODECC					3
STREET ADDRESS	19345 SW 312 STREET		L.		1				{	5
CITY-ST-ZIP	HOMESTEAD FL	DELETE	_	. 1.4 CITY-ST-ZIP 2.1 TITLE				Change	☐ Addition	
TITLE	S COO MADY FRANCES	C Derese		2.2 NAME						
NAME.	LOGG, MARY FRANCES			2.3 STREET ADDRESS					ľ	l
STREET ADDRESS										l
CITY-ST-ZIP	HOMESTEAD FL	☐ DELETE	_	2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	l
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NAME			3.3 STREET		DUBERS					
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STREET ADDRESS					1					
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STREET ADDRESS	i i			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						}
CITY-ST-ZIP		. DELETE		6.1 TITLE		_		Change	Addition	1
TITLE				6.2 NAME					_	
NAME ! !!	ব্রিষ্টার জন্ম নাজন				DORESS					
	AR 131 (1952)		6,4 CITY-ST-ZIP							
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, with all other like empowered.

SIGNATURE: