

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G92249

(3)

1. Corporation Name

LOGEL BUILDERS INC.

Principal Place of Business

**C/O ROBERT F LOGEL III
157 APACHE STREET
TAVERNER FL 33070**

Mailing Address

**C/O ROBERT F LOGEL III
157 APACHE STREET
TAVERNER FL 33070**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1984

3a. Date of Last Report

04/22/1994

4. FBI Number

50-2396486

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOGEL, ROBERT F. III
157 APACHE STREET
TAVERNER FL 33070**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	LOGEL, ROBERT F., JR.
STREET ADDRESS	129 PALO DE ORO DR
CITY - ST - ZIP	ISLAMORADA FL
TITLE	P
NAME	LOGEL, ROBERT F., III
STREET ADDRESS	157 APACHE STREET
CITY - ST - ZIP	TAVERNER FL
TITLE	S
NAME	LOGEL, ELIZABETH R.
STREET ADDRESS	157 APACHE STREET
CITY - ST - ZIP	TAVERNER FL
TITLE	T
NAME	LOGEL, MARIE
STREET ADDRESS	129 PALO DE ORO DRIVE
CITY - ST - ZIP	ISLAMORADA FL
TITLE	V
NAME	LOGEL, MICHAEL J.
STREET ADDRESS	109 NAVAJO STREET
CITY - ST - ZIP	TAVERNER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

Robert F. Logel III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

DATE

905-852-4973

TELEPHONE NUMBER