

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G92249** (3)

1. Corporation Name

LOGEL BUILDERS INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 **8800S OVERSEAS HWY.**

26 **8800S OVERSEAS HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 13**

27 **SUITE 13**

City & State

City & State

23 **ISLAMORADA, FL**

28 **ISLAMORADA, FL**

Zip

Country

Zip

Country

24 **33036**

25 **U.S.A**

29 **33036**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
ROBERT F. LOGEL IV
82 Street Address (P.O. Box Number is Not Acceptable)
8800S OVERSEAS HWY
83 **SUITE 13**
84 City
ISLAMORADA

FL 85 Zip Code
33036

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 **Robert F. Logel IV**
Signature: typed or printed name of registered agent and title, if applicable.

Robert F. Logel IV
NOTE: Registered Agent signature required with this statement.

4/23/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LOGEL, ROBERT F., JR. | |
| STREET ADDRESS | 129 PALO DE ORO DR | |
| CITY-ST-ZIP | ISLAMORADA FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LOGEL, ROBERT F., III | |
| STREET ADDRESS | 157 APACHE STREET | |
| CITY-ST-ZIP | TAVERNIER FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | LOGEL, ELIZABETH R. | |
| STREET ADDRESS | 157 APACHE STREET | |
| CITY-ST-ZIP | TAVERNIER FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LOGEL, MARIE | |
| STREET ADDRESS | 129 PALO DE ORO DRIVE' | |
| CITY-ST-ZIP | ISLAMORADA FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LOGEL, MICHAEL J. | |
| STREET ADDRESS | 109 NAVAJO STREET | |
| CITY-ST-ZIP | TAVERNIER 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 913 ELK HILL ROAD |
| 2.4 CITY-ST-ZIP | BANNER ELK, NC 28604 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 913 ELK HILL ROAD |
| 3.4 CITY-ST-ZIP | BANNER ELK, NC 28604 |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | ROBERT F. LOGEL IV |
| 6.3 STREET ADDRESS | 8800S OVERSEAS HWY SUITE 13 |
| 6.4 CITY-ST-ZIP | ISLAMORADA, FL 33036 |

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: **Robert F. Logel IV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
Date

704-265-4870
Daytime Phone #

CR2E034 (12/95)