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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L32539

(3)

1. Corporation Name
LOGAN VENTURES, INC.



Principal Place of Business
958 SPANISH WELLS DRIVE
MELBOURNE FL 32940

Mailing Address
958 SPANISH WELLS DRIVE
MELBOURNE FL 32940-1802

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
04/25/1996

4. FEI Number
59-2984133

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

2a. Mailing Address

21 2725 Judge FRANK
Suite, Apt. #, etc. Jameson way

26 3678 MEADOWOOD CT
Suite, Apt. #, etc.

22 City & State
MELBOURNE FL

27 MELBOURNE
City & State

23 Zip
32940

28 Zip
32940

24 County
BREVARD

29 County
BREVARD

9. Name and Address of Current Registered Agent

DECKER, STEPHEN O.
100 N. TAMPA STREET
SUITE 2800
TAMPA FL 33602-5128

10. Name and Address of New Registered Agent

B1 Name MICHAEL T. MIONE
B2 Street Address (P.O. Box Number is Not Acceptable)
3678 MEADOWOOD CT
B3 MELBOURNE, FL 32940
B4 City
FL B5 Zip Code 32935

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 MICHAEL T. MIONE

Michael T Mione

4-11-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ZIPPI, MARY DECKER
STREET ADDRESS 958 SPANISH WELLS DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☒ DELETE

1.1 TITLE D MIONE, MARIA C. ☒ Change ☒ Addition
1.2 NAME 3678 MEADOWOOD CT
1.3 STREET ADDRESS MELBOURNE, FL 32940
1.4 CITY-ST-ZIP

TITLE D
NAME ZIPPI, CARL
STREET ADDRESS 958 SPANISH WELLS DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☒ DELETE

2.1 TITLE D MIONE, MICHAEL T. ☒ Change ☒ Addition
2.2 NAME 3678 MEADOWOOD CT
2.3 STREET ADDRESS MELBOURNE, FL 32940
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE: MARIA C. MIONE

MARIA C MIONE

4-11-97

407-632-4867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)