

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L56926 (3)

1. Corporation Name

LOGAN NYE, INC.

**APPROVED
AND
FILED**

03 MAY -1 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O GREGORY S. SEMBLER
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707
US**

Mailing Address

**C/O GREGORY S. SEMBLER
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3000258

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**

6. This corporation has not opted for a biennial fee under the Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

**SEMBLER, GREGORY S
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

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 607.01(4), and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in compliance with the State of Florida. Each 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 Sections 607.01(4), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME

**VPS
SEMBLER, BRENT WOLFE
5858 CENTRAL AVE.
ST. PETERSBURG FL**

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

**DSPT
SEMBLER, GREGORY S
5858 CENTRAL AVE
ST PETERSBURG FL**

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

13.

ADDITIONAL INFORMATION TO CHANGE REGISTERED OFFICE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

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STREET ADDRESS

CITY

STATE

ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(4), 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 on the filing of this report or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory S. Sembler
Gregory S. Sembler

4/28/95

(833) 384-6000