Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P36669** 1. Corporation Name LOGAN BRANDON REALTY CORP.

Country

9. Name and Address of Current Registered Agent

25

1999

2. Principal Place of Business

BEYER, DAVID A.

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business Mailing Address 11540 HWY 92 EAST 11540 HWY 92 EAST SEFFNER FL 33584 SEFFNER FL 33584 US

26

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29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3. Date Incorporated or Qualifed 12/13/1991

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

59-3053569

99 JAN 19 PM 12: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

C/O RUDNICK & WOLFE			02	Street Address (P.O. Box Number is Not Acceptable)		
101 EAST KENNEDY BLVD SUITE 2000			83	├──		
TAMPA FL 33602-5133			1	Ì		
			84	City	85 Zip Code	
				<u>l</u>	FL   S   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 reinstating)  DATE						
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SEAMAN, JULIE		1.2 NAME			
STREET ADDRESS	11540 HWY 92 EAST		1.3 STREET	`ADDRES	5000027522056	
CITY-ST-ZIP	SEFFNER FL		1.4 CITY-\$1	r-ZiP	-n1/22/9901114005 /	
TILE	VD	DELETE	2.1 TITLE		****150,00 (**********************************	
NAME	FINKEL JEFFREY		2.2 NAME			
STREET ADDRESS	11540 HWY 92 EAST	1	2.3 STREET	ADDRES	s	
CITY-ST-ZIP	SEFFNER FL	_	2. 4 CITY-5	T-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	STEIN, LEWIS	ľ	3.2 NAME		1	
STREET ADORESS	11540 HWY 92 EAST	1	3.3 STREET	ADDRES	s	
CITY-ST-ZIP	SEFFNER FL		3.4. CITY-S	T-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		Change Addition	
NAME	SCHARTZ, LARRY	1	4. 2 NAME			
STREET ADORESS	11540 HWY 92 EAST	ł	4.3 STREET	ADDRES	5	
CITY-ST-ZIP	SEFFNER FL 33584		4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		1	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRES		
CITY-ST-ZIP_		[	5.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Cadenan	
NAME			6.2 NAME		11/2/0/201	
STREET ADDRESS			6.3 STREET	ADDRES		
CITY-ST-ZIP			6.4 CITY-ST		<u> </u>	
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						

Country

81 Name

30

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 informational indicated on this annual report of suppliemental 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 of the receiver or trustee empowered occurate in sequence 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:

JAN 13 1999

BLOCK 13 In the receiver of trustee empowered of the corporation 813 623 5400 ...

SIGNATURE: