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FILED

Feb 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 # P93000017937 (2)

1. Corporation Name

DAVID LOGAN, CPA, P.A.

Principal Place of Business

3425 LAKE CENTER DRIVE
SUITE 1
MOUNT DORA FL 32757

Mailing Address

3425 LAKE CENTER DRIVE
SUITE 1
MOUNT DORA FL 32757-2345



2. Principal Place of Business

21 3755 OLD US HWY 441

Suite, Apt. #, etc.

22

City & State

23 MOUNT DORA, FL

24

Zip

FL 32757

25

Country

USA

2a. Mailing Address

26 P.O. BOX 1668

Suite, Apt. #, etc.

27

City & State

28 MOUNT DORA, FL

29

Zip

32757

30

Country

USA

3. Date Incorporated or Qualified

03/05/1993

3a. Date of Last Report

02/23/1996

4. FEI Number

59-3171895

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

9. Name and Address of Current Registered Agent

LOGAN, DAVID C
3425 LAKE CENTER DR.
SUITE 1
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

LOGAN, DAVID C.

82 Street Address (P.O. Box Number is Not Acceptable)

3755 OLD US HWY 441

83

84 City

MOUNT DORA

FL

85 Zip Code

32757

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 DAVID C. LOGAN, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

2-13-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LOGAN, DAVID C
STREET ADDRESS 3425 LAKE CENTER DR., SUITE 1
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME LOGAN, DAVID C.
1.3 STREET ADDRESS 3755 OLD US HWY 441
1.4 CITY-ST-ZIP MOUNT DORA, FL 32757

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 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: DAVID C. LOGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97 352-383-3500

Date Daytime Phone #

CR2E034 (9/96)