

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034549 (4)

1. Corporation Name

LOGIX TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

8666 W. HALLS RIVER RD
SUITE A
HOMOSASSA SPRINGS FL 34448
US

P.O. BOX 4032
HOMOSASSA SPGS FL 34447
US

2. Principal Place of Business

2a. Mailing Address

21 1929 NW HWY 19

26

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

City & State

City & State

23 CRYSTAL RIVER, FL

28

Zip

Country

24 34428

25 US

Zip

Country

29

30

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

05/16/1995

4. FEI Number

59-3217899

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

10. Name and Address of New Registered Agent

EGGAN, BARRY
5545 W. HEATHER COURT
HOMOSASSA FL 34448

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 607.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME GEGAN, BARRY G
STREET ADDRESS 5038 CR 561
CITY-ST-ZIP CLERMONT FL

☐ DELETE

11 TITLE PTD
12 NAME GEGAN, BARRY G
13 STREET ADDRESS 5545 W. HEATHER COURT
14 CITY-ST-ZIP HOMOSASSA FL 34446

☒ Change ☐ Addition

TITLE VD
NAME GEGAN, SHANE M
STREET ADDRESS 5545 W HEATHER CT.
CITY-ST-ZIP HOMOSASSA FL 34448

☐ DELETE

21 TITLE VD
22 NAME GEGAN, SHANE M
23 STREET ADDRESS 8209 W. BAVARIAN ST.
24 CITY-ST-ZIP HOMOSASSA FL 34448

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE SD
32 NAME DAVIS, DEBORAH G
33 STREET ADDRESS 6472 S. LECANTO HWY.
34 CITY-ST-ZIP LECANTO FL 34461

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shane M. Gegan

SHANE M GEGAN

6/28/96 352563-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED OFFICE

CR2E034 (3/96)