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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000052428 (8)**

1. Corporation Name
LOGAN CONTRACTING COMPANY

Principal Place of Business	Mailing Address
~~470 INDUSTRIAL LOOP S~~ ~~ORANGE PARK FL 32073~~ ~~US~~	~~POB 2356~~ ~~ORANGE PARK FL 32067-2356~~ ~~US~~

3. Date Incorporated or Qualified: 07/27/1993	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3194415	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 10895-4 a.o Dixie Hwy	26 Same
Suite, Apt. #, etc. 22 ST. AUGUSTINE FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 32095 Country: 25 ST. JOHNS	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

LOGAN, JEFFREY M
~~1404 RIVER LANE~~ 505 "E" STREET
~~GREEN COVE SPRINGS FL 32043~~
ST. AUGUSTINE FL
32084

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 607.0502 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] Pres. DATE: 4/28/97
Signature of new registered agent or name of new registered agent and title if applicable (NOTE: Required Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	LOGAN, JEFFREY MARK	
STREET ADDRESS	~~1404 RIVER LANE~~ 505 E STREET	
CITY-ST-ZIP	~~GREEN COVE SPRINGS FL~~ ST. AUGUSTINE 32084	
TITLE	V	☒ DELETE
NAME	LOGAN, GAYLE MARIE	
STREET ADDRESS	1464 RIVER LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	V	☐ Change ☑ Addition
2 NAME	MICHAEL BARCIA	
2 STREET ADDRESS	4984 RATHBONE DRIVE	
2 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/96)

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, 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: [signature] Pres. 4/28/97 Date 904 923-3756 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR