## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION

## Aug 07 1997 8:00am Secretary of State FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT

| , , , , ,   | 1997   | 15 T   | DIVISION OF CO     |                     |           | VS                             |  | Scorci  | ai y                    | OI D                                  | iaic                   |
|---|--|--|--------------------|---------------------|-----------|--------------------------------|--|---|-------------------------|---------------------------------------|------------------------|
| DOCUMENT # P93000054641 (4) LOGAN CONSTRUCTION SERVICES, INC. |  |  |                    |                     |           |                                |  | 4 <b>40 1</b> 11 <b>4</b> 0 111 110 110 110 1111 1111 1111 1111 |                         |                                       | <b>8</b> ; 11,81 (8,81 |
| Principal Place   | o of Business  | Mailing A  | ddrose             |                     |           |                                |  |   |                         |                                       |                        |
| 14499 BOXWO   |  | Mailing Address 14499 BOXWOOD DRIVE PALM BEACH GARDENS FL 33418 US |                    |                     |           |                                | DO NOT WRIT  3. Date incorporated or Qualified |   | SPACE<br>ate of Last Re |                                       |                        |
|   |  |  |                    |                     |           |                                |  | 07/30/1993  |                         | 8/12/1996                             | aport                  |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address  |                    |                     |           |                                |  | 4. FEI Number   |                         |                                       | plied For              |
| 21  |  |  |                    |                     |           | <u></u>                        |  | 65-0427207  |                         | · · · · · · · · · · · · · · · · · · · | t Applicable           |
| Suite, Apt.   |  | Suite, Apt. #, etc.  |                    |                     |           |                                |  | 5. Certificate of Status Desired                                |                         | \$8.75 A<br>Fee Re                    |                        |
| City & State  | 0  | City 8   | City & State       |                     |           |                                |  | 6. Election Campaign Financing Trust Fund Contribution          |                         | \$5.00<br>Added to                    |                        |
| Zip   | Country Zip Country  |  |                    |                     |           |                                |  | 8. This corporation owes or has p                               |                         |                                       |                        |
| 24  | 25 <br>9. Name and Address of Curre  | 29   |                    | 30                  |           |                                |  | Personal Property Tax due Jun  0. Name and Address of New R     |                         |                                       | No No                  |
| 100   | SAN, CAROLYN S   | it nogratorou i  | - gom              |                     | 81        | Name                           | <del> '</del>                                  | O, Hallio Lila Radiosa di Holi II                               | ogioto: ou              | rigoni                                |                        |
| 44400 00044000 0045   |  |  |                    |                     |           | Street A                       | Addross  | (P.O. Box Number is Not Accepta                                 | ble)                    |                                       |                        |
| PALM BEACH GARDENS FL 33418                                   |  |  |                    |                     |           |                                |  | (i .b. box namber is not Accepte                                |                         |                                       |                        |
|   |  |  |                    |                     | 83        |                                |  |   |                         |                                       |                        |
|   |  |  |                    | Ī                   | 84        | City                           | ·  |   | F-1                     | 85 Zip C                              | Codé,                  |
| 44 Duraugat i   | to the provisions of Socions 607 050   | 12 and 607 150   | 8 Florida Statutos | tho ab              | 0.40      | namod e                        | cornora  | tion submits this statement for the                             | FL                      |                                       | s registered           |
| office or re  | to the provisions of Sections 607.056<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig | of Florida, Suc  | ch change was au   | thorized            | by t      | he corp                        | oration'                                       | s board of directors. I hereby according                        | pt the app              | ointment as                           | registered             |
|   | ті татішаг міні, апо ассері тіо обід   | ations of, Secti   | on 607.0505, Floa  | ida Stati           | nes.      |                                |  |   |                         |                                       |                        |
| SIGNATURE   | Signature typed or printed name of registered ag   | ent and title it applica   | tile (NOTE:        | Registered          | Agont     | signature r                    | required w                                     | hen reinsrating)  | DATE                    |                                       |                        |
| 12.   |  | D DIRECTORS  |                    | 13.                 |           |                                |  | ADDITIONS/CHANGES TO OFF  |                         |                                       |                        |
| TITLE   | D<br>Logan, Carolyn S  |  | ☐ DELETE           | 1.1 111             |           |                                | DO   | CE PRESIDENT  | 11/                     | ☐ Change                              | Addition               |
| NAME<br>STREET ADDRESS  | 14499 BOXWOOD DRIVE  |  |                    |                     |           | 1.2 NAME<br>1.3 STREET ADORESS |  | LAND D. LOGA  | RIVE                    | <i>-</i>                              |                        |
| CITY-ST-ZIP   | PALM BEACH GARDENS FL  | 33418  |                    | 1.4 CiT             |           | - 1                            | Dal  | M BEACH GARDET  | VS E                    | %. 230                                | 118                    |
| TITLE   |  |  | ☐ DELETE           |                     | 2.1 TITLE |                                | 17.00  | Weiser Char   |                         | ☐ Change                              | Addition               |
| NAME  |  |  |                    | 2.2 NAI             | ME        |                                |  |   |                         |                                       |                        |
| STREET ADDRESS  |  |  |                    | 2.3 STF             | REET A    | DDRESS                         |  |   |                         |                                       |                        |
| CITY-ST-ZIP   | <u></u>  |  | <b></b>            | 2. 4 CI             |           | - ZIP                          |  |   |                         | <del></del> _                         |                        |
| TITLE   |  |  | ☐ DEFETE           | 3.1 TIT             |           |                                |  |   |                         | Change                                | Addition               |
| NAME  |  |  |                    | 3.2 NA              |           | DDRESS                         |  |   |                         |                                       | i                      |
| STREET ADDRESS<br>City-St-Zip                                 |  |  |                    | 3.4. CIT            |           |                                |  |   |                         |                                       |                        |
| TITLE   |  |  | • DELETE           | 4.1 100             |           |                                |  | ······································                          |                         | Change                                | Addition               |
| NAME .  |  |  |                    | 4. 2 NA             | ME        | 1                              |  |   |                         |                                       |                        |
| STREET ADDRESS  |  |  |                    | 4.3 STF             | REET A    | ODRESS                         |  |   |                         |                                       |                        |
| CITY-ST-ZIP   |  |  |                    | 4.4 CIT             | Y-\$T-    | ZIP                            |  |   |                         | ·                                     |                        |
| TITLE   | ☐ DELETE   |  | 5.1 TITLE          |                     |           | •                              |  | L Change  | Addition                |                                       |                        |
| NAME  |  |  |                    | 5.2 NA              |           |                                |  |   |                         |                                       |                        |
| STREET ADDRESS  |  |  |                    | 1                   |           | DORESS                         |  |   | •                       |                                       |                        |
| CITY-ST-ZIP<br>TITLE  |  |  | DELETE             | 5.4 CIT<br>6.1 TITI |           | ZIP .                          |  |   |                         | Change                                | Addition               |
| NAME I  |  |  | · <del>-</del>     | 6.2 NAI             |           | - }                            |  |   |                         |                                       | _                      |
| STREET ADDRESS  |  |  |                    |                     |           | DDRESS                         |  |   |                         |                                       |                        |
| CITY-ST-ZIP   |  |  |                    | 6.4 CIT             |           |                                |  |   |                         |                                       |                        |
| 14. I do heret  | by certify that the information supplied   | d with this filing   | does not qualify   | for the e           | exem      | ption sta                      | tated in                                       | Section 119.07(3)(i), Florida Statut                            | es. I furthe            | r certify that t                      | he<br>lor cath: that   |

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 or lam en 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.