FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045148 (1)

LOGIC ENGINEERING, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T 1634(188) 118 tatif eldir abili daili daili dini diabi alibi ribi alba (dir i sar	
RT 16 BOX 9022 RT 16 BOX 9022					:	
TALLAHASSI			TALLAHASSEE FL 32310			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/16/1994
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21		26	26			59-3249221 Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc .			5. Certificate of Status Desired \$8.75 Additional
22		27	.,			Fee Required
City & Stat	e	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	 ,			Trust Fund Contribution
Zip	Country	Zıp		Country		8. This corporation owes or has paid the current year intangible
24	25	[29]	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of C	current Hegistered Age	nt -	81	Nam	
	ARROLL, MARSHALL T			0,	INaiiii	aille
RT 16 BOX 9022			82 Street Ad			reet Address (P.O. Box Number is Not Acceptable)
T/	NLLAHASSEE FL 32310			200		
				83		
				84	City	ty 85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, F	lorida Statutes, th	e abovi	-name	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the	obligations of, Section 6	07.0505, Florida	Statutes	6.	Corporation a Board of directors. Theroby decept the appointment de registeres
SIGNATURE						
	Signature, typed or printed name of registe				nl signalı	nature required when reinstating) DATE
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	OADDOLL MADOUALL			1.1 TITLE		
NAME	CARROLL, MARSHALL	1		1.2 NAME		
STREET ADDRESS	RT 16 BOX 9022			1.3 STAEET		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY - S	T-ZIP	Change Addition
TITLE	8	_		2.1 TITLE		Cusufe C Adunion
NAME	CARROLL, MARSHALL I	п		2.2 NAME		3
STREET ADDRESS	RT 16 BOX 9022			2.3 STAEET		
CITY-ST-ZIP	TALLAHASSEE FL		T = =:-	2. 4 CITY-1	ST-ZIP	
TITLE		L		3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP	
TITLE		<u>L</u>		4.1 TITLE		Change Addition
NAME			I ·	4. 2 NAME		
STREET ADDRESS			1	4.3 STREET	ADDRESS	ESS
CITY-ST-ZIP		****		4.4 CITY - S	T-ZIP	
TITLE			DELETE	5.1 TITLE		Change
NAME] :	5.2 NAME		
STREET ADDRESS			1	5.3 STAEET	ADDRESS	IESS
CITY-\$T-ZIP				5.4 CITY - S	1-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME			1	6.2 NAME		
STREET ADDRESS			.	6.3 STREET	ADDRESS	NESS
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	
	49 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	the state of the s				stated in Castian 110.07/2/(i) Elevide Statutes I further cartifu that the information

4. 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 indicated on this annual report or suppliemental final 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 acciver 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 one in attachment with an address.

I way

7/12/08

850-893-1424