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

PROFIT CORPÓRATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000025851 (3)

FRANK C. LOGAN, P.A.				
			A TRADITARA DIRA ERIAT AURIS MADER ARTITA ARTITA ARTITA	(1886)
Principal Place of Business	Mailing Address		A SANGLAND HAN COLOR: MINICO MANILLA M	1188) Miller Philips Brids frühr Jahr
121 NORTH OSCEOLA AVENUE	121 NORTH OSCEOLA	AVENUE		
SUITE 300 SUITE 300		- 22555	DO NOT WRITE IN THE	C CDACE
CLEARWATER FL 84015- 33755	CLEARWATER FL 9464	№ 33755	3. Date Incorporated or Qualified	3 STACE
			03/28/1995	
2. Principal Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21	26		59-3306959	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the control of the control	
24 25	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
9, Name and Address of Current	t Hegistereo Agent	81 Name	10. Italie and Address of New Registers	o Agent
LOGAN, FRANK C				
121 NORTH OSCEOLA AVENUE		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
SUITE 300 CLEARWATER FL 84613 33755		83		
CLEARWATER PL 44013				
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	ules, the above-named cor	ogration submits this statement for the nurgose	of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was	s authorized by the corpora	ition's board of directors. I hereby accept the a	ppointment as registered
1 -	trona or, becton oor tooo, i	Torida Statistos:		
Signature typed or printed name of registered age:	r/ and tile if applicable (No	OTF: Registered Agent signature requ	red when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
THILE D	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME LOGAN, FRANK C	i te		LOGAN, FRANK C.	Suite 200
STREET ADDRESS 121 NORTH OSCEOLA AVENI	UE	1.3 STREET ADORESS	121 North Osceola Ave., S	surce 300
CITY-ST-ZIP CLEARWATER FL-34615	DELETE	1.4 C(1)Y-S1-ZIP 2.1 T(TLE	Clearwater, FL 33755	Change Addition
TITLE		2.2 NAME		L Onlingo L Floation
NAME STREET ADDRESS		2.3 STREET ADDRESS		
		2. 4 City - \$1 - ZiP		
CITY-ST-ZIP	DELETE	3.1 TillE	NOTABLE STANDARD OF THE STANDA	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. C(1)Y- \$1- Z(P		•
TITLE	DELETE	4.1 TillE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CiTY - ST- ZIP		4.4 CITY+ST-ZIP		
TALE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		į
CITY-ST-ZIP				i
TITLE		5.4 CITY - ST - ZIP		0.000
I traite i	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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 trustey 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 unit an address

FRANK C. LOAN

FILED

Jan 16 1998 8:00am

Secretary of State