

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # P96000018869 (3)

1. Corporation Name

LEA LOGAN ASSOCIATES, INC.



Principal Place of Business

1908 CALUMET ST.
CLEARWATER FL 34625

Mailing Address

1908 CALUMET ST.
CLEARWATER FL 34625-1107

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
02/27/1996

3a. Date of Last Report
N/A

4. FEI Number

59-3373345

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

LOGAN, FRANK C
121 N. OSCEOLA AVE.
SUITE 300
CLEARWATER FL 34615

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOGAN, FRANK C
STREET ADDRESS 121 N. OSCEOLA AVE., STE. 300
CITY-ST-ZIP CLEARWATER FL 34615

☒ DELETE

TITLE VD
NAME LOGAN, LOUISE
STREET ADDRESS 121 N. OSCEOLA AVE., STE. 300
CITY-ST-ZIP CLEARWATER FL 34615

☒ DELETE

TITLE SD
NAME MILLER, DONNA C
STREET ADDRESS 121 N. OSCEOLA AVE., STE. 300
CITY-ST-ZIP CLEARWATER FL 34615

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LEA, MARY L.
1.3 STREET ADDRESS 1908 CALUMET STREET
1.4 CITY-ST-ZIP CLEARWATER, FL 34625-1107

☒ Change

☐ Addition

2.1 TITLE VD
2.2 NAME LOGAN, FRANK C.
2.3 STREET ADDRESS 121 N. OSCEOLA AVE., STE 300
2.4 CITY-ST-ZIP CLEARWATER, FL 34615

☒ Change

☐ Addition

3.1 TITLE SD
3.2 NAME LOGAN, SUZANNE K.
3.3 STREET ADDRESS 100 SARASOTA ROAD
3.4 CITY-ST-ZIP BELLEAIR, FL 34616

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE

Frank C. Logan, VP 1/23/97

813/586-2545

CR2E034 (9/96)