

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000069603 (4)

1. Corporation Name
LOGSMITHS OF AMERICA, INC.



Principal Place of Business

Mailing Address

511 E HATHAWAY AVE
BRONSON FL 32621

P O BOX 1330
BRONSON FL 32621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3396712

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 4050 NE 170 AVE

Suite, Apt. #, etc.

22

City & State

WILLISTON, FL

Zip

32696

Country

USA

2a. Mailing Address

26 4050 NE 170 AVE

Suite, Apt. #, etc.

27

City & State

WILLISTON, FL

Zip

32696

Country

USA

9. Name and Address of Current Registered Agent

KEETON, ADAMARIE
609 GILBERT ST
BRONSON FL 32621

10. Name and Address of New Registered Agent

81 Name

RANDY PALMER

82 Street Address (P.O. Box Number is Not Acceptable)

4050 NE 170 AVE

83

84 City

WILLISTON

FL

85 Zip Code

32696

11. Pursuant to the provisions of Sections 607.0542 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

RANDY PALMER, PRESIDENT

2/20/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D KEETON, JAMES ☒ DELETE

NAME KEETON, JAMES
STREET ADDRESS P O BOX 191 N/A
CITY-ST-ZIP BRONSON FL 32621

TITLE P PALMER, RANDY ☐ DELETE

NAME PALMER, RANDY
STREET ADDRESS 4050 NE 170TH AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE D KEETON, ADAMARIE ☒ DELETE

NAME KEETON, ADAMARIE
STREET ADDRESS P O BOX 191 N/A
CITY-ST-ZIP BRONSON FL 32621

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 Randy Palmer - RANDY PALMER

2/20/98 32696

CR2E034 (10/97)