

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 01 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 # P97000044337 (8)
1. Corporation Name

LOGGERHEADS, INC.



Principal Place of Business

18308 CUTLASS DRIVE
FORT MYERS BEACH FL 33931

Mailing Address

P.O. BOX 2326
FORT MYERS BEACH FL 33932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

65-0774142

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 7205 ESTERO BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 7205 ESTERO BLVD

Suite, Apt. #, etc.

City & State

23 FT. MYERS BEACH, FL

Zip

24 33931

Country

25 USA

City & State

28 FT. MYERS BEACH, FL

Zip

29 33931

Country

30 USA

9. Name and Address of Current Registered Agent

SCHLICK, SCOTT R
18308 CUTLASS DRIVE
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name SCOTT SCHLICK

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

715 ALBATROSS ST.

83

84 City FT. MYERS BEACH

FL

85 Zip Code

33931

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

PRESIDENT

SCOTT R. SCHLICK

9/23/98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHLICK, SCOTT R
STREET ADDRESS 18308 CUTLASS DRIVE
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE STD ☒ DELETE

NAME SCHLICK, CATHERINE M
STREET ADDRESS 18308 CUTLASS DRIVE
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

STD
ROBERT SCHLICK
3rd Ave WBS Crossing
SARASOTA SPRINGS, NY 12866

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: SCOTT R. SCHLICK 9/23/98

CR2E034 (5/98)