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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000047969 (5)

LOGUE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



| 1853 VICTORIA FT MYERS FL | | 1853 VICTORIA AVENUE FT MYERS FL 33901 | | DO NOT WRITE I 3. Date Incorporated or Qualified | N THIS SPACE |
|---|--|---|----------------------------------|---|-------------------------------------|
| | | | | 05/30/1997 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 0 0 | 4. FEI Number | Applied For |
| 21 1820 | DODAIDE BLAD | · · · · · · · · · · · · · · · · · · · | lowe Briro | GR P2-01P201 | Not Applicable |
| Suite Apt. | TE 10) | Suite, Act. #, etc. | 01 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 YOU | MYELS | 28 TOWN MYE | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| ZiP | Country | UNGE - | Country | 8. This corporation owes or has paid | M4 ' ⊢, " |
| 24 7 | | | 30) (C.C. | Personal Property Tax due June 3 10. Name and Address of New Reg | |
| | 9. Name and Address of Current | Hegistered Agent | 81 Name | TO Name and Address of New York | steled Agent |
| PARSONS, WADE IT ESU. TIT INCIDE WOULD | | | | | |
| | 3 VICTORIA AVENUE | | 82 Stree | ddress P.O. Box Number is Not Acceptable | \$ ₽¢ |
| į FT I | MYERS FL 33901 | | 83 | SUS CONTRACTOR OF TOTAL OF | |
| | | 0 | N N | PSO MODING BRAD | |
| |) | | 1 84 City T | TOT MYRES | FL 85 (3390) |
| 91 Pursuant to the provisions of Sections 07 0502 and 607 1508. Florida Statutes, the bove-named corporation submits this statement for the purpose of changing its registered | | | | | |
| office or re | egistered agent, or both in the State | Florida Such change was au | ithorized by the corp | oration's board of directors. I hereby accept | the appointment as registered |
| | n tarrillar with, allegan opt the things | 1007.0003, 1101 | Jua Statutes. | · ' ' ' | 30'A& |
| SIGNATURE Signature, typical or printed happened and triligit applicabile. (NOTE Registered Agent signature required when reinstating) DATE DATE | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | | DELETE | 1.1 TITLE | P,D PATRICK LOBUE | |
| NAME | | | 1.2 NAME | The thirties come | SIO |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | PRILLEY DKINE DA |).O |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | N PORT MAGNO. LE 33. | |
| TITLE | | DEL ete | 21 TITLE | | Change Addition |
| NAME | | | 2 2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | D. C. CWI | 2 4 City-St-ZIP | | Charge Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Li Change Li Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | . 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE | | □ DECETE | 4.1 TITLE | | Change Channer |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | - | Change Addition |
| TITLE | | □ btttlt | | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5 4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| TITLE | | ر الالالالا | 6.2 NAME | | |
| NAME ATORET ADDDSSS | | | 6.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | | |
| City-St-ZiP | partity that the information supplied with | by this filling does ent qualify for | the exemption state | d in Section 119.07(3)(i). Florida Statutes I f | urther certify that the information |
| 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 supplication annual reports 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 occiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in | | | | | |