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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State<sup>1</sup>
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000034347**1. Corporation Name

LOGAN SERVICES INC.

Principal Place of Business 30636 HOYLAKE ST MT PLYMOUTH FL 32776-9252 Mailing Address

30636 HOYLAKE ST MT PLYMOUTH FL 32776-9252

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90107 046 \*\*\*150.00



MI PLIMOUTH PL 32/76-5232		MITETINGOTTI LE DETTO-DEDE			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualife 04/15/1998	ed		
2. Principal Pla	ace of Business	2a. Mailing Address		-,		4. FEI Number			Applied For
1		26				59-3504800			Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		^		5. Certifcate of Status Desired		• -	5 Additional Required
City & State		City & State				-6Election;Campaign,Financir	9-2	\$5.0	00, May Be
3		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the c	urrent year Int	tangible	
4	25	29	30			Personal Property Tax.	•	∐Yes	XIXINο
·•·	9. Name and Address of Current	<del></del>	100	T		10. Name and Address of Ne	w Registered	Agent	
				81 Nar	me				
HEIN	ZELMAN, JOHN L					- /D O Day Nove - 1- 31-/ 1	ntoble)		<del> </del>
	6 HOYLAKE ST			82 Stre	eet Addres	ess (P.O. Box Number is Not Acceptable)			
	LYMOUTH FL 32776-9252			83		<del>_</del>			
								<u> </u>	
				84 City			FL	85 Z	Zip Code
				ĻĻ.				- L	ite registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	l Florida. Such change was :	authonzei	d by the c	orporation	's board of directors. I hereby ac	cept the appo	intment a	s registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signar	ture required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AN	ND DIREC	CTORS IN 12
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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE:

SIMON TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #