

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01717 (5)

1. Corporation Name

LOGICAL BUSINESS SOLUTIONS CORPORATION



Principal Place of Business

9162 86TH AVENUE NORTH
P. O. BOX 7226
SEMINOLE FL 34645
US

Mailing Address

9162 86TH AVENUE NORTH
P. O. BOX 7226
SEMINOLE FL 34645
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOUCK, SANDRA L.
9162 86TH AVENUE NORTH
LARGO FL 34647

3. Date Incorporated or Qualified
09/24/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3031658

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

10. Name and Address of Now Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

(Block 10 Registered Agent signature is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME HOUCK, SANDRA L.
STREET ADDRESS 9162 86TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

TITLE DST ☐ DELETE
NAME HOUCK, LINDY
STREET ADDRESS 9162 86TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandra L. Houck Sandra L. Houck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (813) 393-2134
Date: File #

CR2E034 (12/95)