

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28925

(3)

1. Corporation Name

LOGAN CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

1400 QUAIL DR.
SARASOTA FL 34231

1400 QUAIL DR.
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1991

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0243902

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 information under 51-1103 (USP,
Florida Statutes) ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

State Apt # etc.

State Apt # etc.

City & State

City & State

24

25

26

27

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LOGAN, SAMUEL C.
1400 QUAIL DR.
SARASOTA FL 34231

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 provisions of Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if applicable)

Signature of New Registered Agent (if applicable)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY
D LOGAN, SAMUEL C.	1400 QUAIL DR.	SARASOTA FL
VP LOGAN, RODNEY E	2004 S. OSPREY AVENUE	SARASOTA FL
S LOGAN, ELIZABETH A.	1400 QUAIL DR	SARASOTA FL
NAME	STREET ADDRESS	CITY
NAME	STREET ADDRESS	CITY
NAME	STREET ADDRESS	CITY
NAME	STREET ADDRESS	CITY
NAME	STREET ADDRESS	CITY
NAME	STREET ADDRESS	CITY

NAME	STREET ADDRESS	CITY	Change	Addition
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐
NAME	STREET ADDRESS	CITY	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted 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 make this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 of this filing. I am attaching with an address:

SIGNATURE

Samuel C Logan
AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
C Logan 6/29/95 S28925-1195