

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 28 PM 12:14

**DOCUMENT # P30371 (9)**

1. Corporation Name  
**ECOGARD, INC.**

Principal Place of Business Mailing Address  
**3499 DABNEY DR 3499 DABNEY DR  
P.O. BOX 14000 P.O. BOX 14000  
LEXINGTON FL 40512 LEXINGTON FL 40512**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/31/1990** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **61-1179404** Applied For  
**21** **26** Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip 25. Country 29. Zip 30. Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | <b>D</b>                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | <b>BARR, JOHN D.</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>901 CHINOE RD.</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LEXINGTON KY</b>        | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VD</b>                  | 2.1 TITLE   | <b>President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HUSTON, JAMES M.</b>    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2029 IMPALA LANE</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LEXINGTON KY</b>        | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b>                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | <b>DEATON, MICHAEL F.</b>  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>301 E MAIN ST #300</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LEXINGTON KY</b>        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>T</b>                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | <b>HUFFMAN, DANIEL B</b>   | 4.2 NAME  |   |
| STREET ADDRESS             | <b>1000 ASHLAND DR</b>     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>RUSSELL NY</b>          | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VP</b>                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | <b>ROCCO, JAMES V.</b>     | 5.2 NAME  |   |
| STREET ADDRESS             | <b>3499 DABNEY DR</b>      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LEXINGTON KY</b>        | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>AST</b>                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | <b>ELLIS, CHARLES D.</b>   | 6.2 NAME  |   |
| STREET ADDRESS             | <b>1201 MEDELLIN COURT</b> | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LEXINGTON KY</b>        | 6.4 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 110.07(3)(b), 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 *Charles D. Ellis* **Charles D. Ellis** 3, 22-95 (606)357-7484  
Assistant Treasurer

P30371

**ECOGARD, INC.**  
**PO BOX 14000**  
**LEXINGTON, KY 40512**

March 23, 1995

Florida Department of State  
Division of Corporations  
Annual Reports Section  
PO B ox 1500  
Tallahassee, FL 32302-1500

1995 CORPORATE ANNUAL REPORT

Enclosed is the taxpayer's 1995 Corporation Annual Report. Also enclosed is a check in the amount of \$200.00 in payment of the filing fee.



Lois A. Murphy  
State Income Tax

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