

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

FILED

**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P30371 (9)
1. Corporation Name
ECOGARD, INC.



Principal Place of Business Mailing Address
**3499 DABNEY DR
P.O. BOX 14000
LEXINGTON FL 40512** **3499 DABNEY DR
P.O. BOX 14000
LEXINGTON FL 40512-4000**

3. Date Incorporated or Qualified **07/31/1990** 3a. Date of Last Report **02/09/1996**
4. FEI Number **61-1179404** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.0502 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIALH, JOHN C	1.2 NAME	Biehl, John C.
STREET ADDRESS	3499 DABNEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40509	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, JAMES M.	2.2 NAME	
STREET ADDRESS	2029 IMPALA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEATON, MICHEAL F.	3.2 NAME	
STREET ADDRESS	3499 DABNEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40509	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, DANIEL B	4.2 NAME	
STREET ADDRESS	1000 ASHLAND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELL NY 41169	4.4 CITY-ST-ZIP	Russell, KY 41169
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, JAMES V.	5.2 NAME	
STREET ADDRESS	3499 DABNEY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	5.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, CHARLES D	6.2 NAME	
STREET ADDRESS	1201 MEDELLIN COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **REQUIRE** **2-5-97** **606/357-7681**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)