

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



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

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc. 3499 Blazer Parkway	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Incorporated or Qualified 07/31/1990	
4. FEI Number 61-1179404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BIEHL, JOHN C.
STREET ADDRESS	3499 DABNEY DRIVE
CITY-ST-ZIP	LEXINGTON KY
TITLE	PD <input type="checkbox"/> DELETE
NAME	HUSTON, JAMES M.
STREET ADDRESS	2029 IMPALA LANE
CITY-ST-ZIP	LEXINGTON KY
TITLE	S <input type="checkbox"/> DELETE
NAME	DEATON, MICHEAL F.
STREET ADDRESS	3499 DABNEY DRIVE
CITY-ST-ZIP	LEXINGTON KY 40509
TITLE	T <input type="checkbox"/> DELETE
NAME	HUFFMAN, DANIEL B
STREET ADDRESS	1000 ASHLAND DR
CITY-ST-ZIP	RUSSELL NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	ROCCO, JAMES V.
STREET ADDRESS	3499 DABNEY DR
CITY-ST-ZIP	LEXINGTON KY
TITLE	AST <input type="checkbox"/> DELETE
NAME	ELLIS, CHARLES D
STREET ADDRESS	1201 MEDELLIN COURT
CITY-ST-ZIP	LEXINGTON KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3499 Blazer Parkway
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3499 Blazer Parkway
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Russell, KY
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3499 Blazer Parkway
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)