

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90156 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30371**

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

Principal Place of Business <b>3499 DABNEY DR                  P.O. BOX 14000                  LEXINGTON FL 40512</b>	Mailing Address <b>3499 DABNEY DR                  P.O. BOX 14000                  LEXINGTON FL 40512</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>61-1179404</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BIEHL, JOHN C.</b>			1.2 NAME			
STREET ADDRESS	<b>3499 BLAZER PARKWAY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LEXINGTON KY</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input 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>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEATON, MICHEAL F.</b>			3.2 NAME			
STREET ADDRESS	<b>3499 BLAZER PARKWAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LEXINGTON KY 40509</b>			3.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HUFFMAN, DANIEL B</b>			4.2 NAME	Joseph R. Broce		
STREET ADDRESS	<b>1000 ASHLAND DR</b>			4.3 STREET ADDRESS	1000 Ashland Drive		
CITY-ST-ZIP	<b>RUSSELL KY</b>			4.4 CITY-ST-ZIP	Russell, KY 41169		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		5.1 TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROCCO, JAMES V.</b>			5.2 NAME			
STREET ADDRESS	<b>3499 BLAZER PARKWAY</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LEXINGTON KY</b>			5.4 CITY-ST-ZIP			
TITLE	<b>AST</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ELLIS, CHARLES D</b>			6.2 NAME	Richard A. Jones		
STREET ADDRESS	<b>1201 MEDELLIN COURT</b>			6.3 STREET ADDRESS	3499 Blazer Parkway		
CITY-ST-ZIP	<b>LEXINGTON KY</b>			6.4 CITY-ST-ZIP	Lexington, KY 40509		

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, with all other like empowered.

SIGNATURE:  February 9, 1999 606/357-7681

CR2E034 (1/98)