

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90295 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103008
 1. Corporation Name
ECOLOGICAL TECHNOLOGIES & MANAGEMENT, INC.



Principal Place of Business 13620 GOLF COURSE ROAD PARRISH FL 34219	Mailing Address POST OFFICE BOX 792 PARRISH FL 34219
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0724091	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON FL 34205				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ 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	PDC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUNDY, OTTO M		1.2 NAME				
STREET ADDRESS	4218 18TH AVE. WEST		1.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP				
TITLE	EVPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUNDY, MICHAEL M.		2.2 NAME				
STREET ADDRESS	5508 78TH AVE E.		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	S.R. Vice Pres, Sec. Director	
NAME	BUNDY, OTTO S		3.2 NAME				
STREET ADDRESS	1308 EAST POINSETTIA AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUNDY, PATRICIA A		4.2 NAME				
STREET ADDRESS	4218 18TH AVENUE WEST		4.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 2 or Block 13 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: Michael M. Bundy - MICHAEL M. BUNDY 4/23/99 841-776-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)