

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S91693 (9)

1. Corporation Name  
**ECO-LOGICAL PATH, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 1070 MONTICELLO FL 32345 P.O. BOX 1070 MONTICELLO FL 32345

3. Date Incorporated or Qualified 11/04/1991 3a. Date of Last Report 05/31/1995

2. Principal Place of Business 2a. Mailing Address  
22 Suite, Apt #, etc 26 Suite, Apt #, etc  
23 City & State 27 City & State  
24 Zip Country 28 Zip Country 29 Zip Country 30 Zip Country  
4. FEI Number 65-0305928 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

9. Name and Address of Current Registered Agent  
HOTZ, ASHLEY S  
26-C AUCILLA SHORES  
MONTICELLO FL  
10. Name and Address of New Registered Agent  
81 Name SAME AS STATED IN BLOCK 9  
82 Street Address (P.O. Box Number is Not Acceptable) 26-C DUCIPOND RD / AUCILLA SHORES  
83 MONTICELLO  
84 City MONTICELLO FL 85 Zip Code 32331

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: *Ashley Simmons* Title: Registered Agent Signature required when appointing DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTZ, ASHLEY SIMMONS	1.2 NAME	
STREET ADDRESS	P.O. BOX 1070 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32345	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTZ, RICHARD E.	2.2 NAME	
STREET ADDRESS	P.O. BOX 1070 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32345	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 9 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: *Ashley Simmons* DATE: 7/10/96 TELEPHONE: (904) 997-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)