

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # V22782 (9)**

1. Corporation Name  
**ECOSYSTEM RESEARCH CORPORATION**

Principal Place of Business Mailing Address  
3822 NORTHEAST 55 PLACE 3822 NORTHEAST 55 PLACE  
GAINESVILLE FL 32609 GAINESVILLE FL 32609  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1992 3a. Date of Last Report 07/29/1994

4. FEI Number 59-3124304 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 a 1991/92 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 2906 NW 142 Ave  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 Gainesville FL  
24 Zip 25 Country 29 32609 30 USA

9. Name and Address of Current Registered Agent  
**WALLACE, PETER M.  
3822 NORTHEAST 55 PLACE  
GAINESVILLE FL 32609**

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 re-registering)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
1. DPS WALLACE, PETER M. 3822 NORTHEAST 55 PLACE GAINESVILLE FL  
2. V GARREN, ROBERT A. 1805 N.W. 34TH PLACE GAINESVILLE FL  
3. TS CARTER, JENNY C. 2638 N.W. 49TH PLACE GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2. 2.1 TITLE  Change  Addition  
2.2 NAME Delete  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3. 3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4. 4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5. 5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6. 6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jenny Carter** Date: 7/31/95 (typed Name) 904-378-4361

CR2E034 (3/95)