

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



**Amended**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V56874

1. Corporation Name  
SCHEDA ECOLOGICAL ASSOC., INC.

Principal Place of Business Mailing Address

4013 E. FOWLER AVE  
TAMPA, FL 33617

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

G'HIONIS, CHRISTINA

81 Name  
Sandra M. Scheda  
82 Street Address (P.O. Box Number is Not Acceptable)  
4013 E. Fowler Avenue  
83  
84 City  
Tampa

FL 85 Zip Code  
33617

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 Sandra M. Scheda (Sandra M. Scheda)

4-13-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, SECRETARY,	[ ] DELETE
NAME	TREASURER	
STREET ADDRESS	SANDRA M. SCHEDA	
CITY-ST-ZIP	4013 E. FOWLER AVE	
TITLE	TAMPA FL 33617	[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT	[ ] Change	[X] Addition
12 NAME	DAVID D. SCOTT		
13 STREET ADDRESS	4013 E. FOWLER AVE		
14 CITY-ST-ZIP	TAMPA FL 33617		
21 TITLE	VICE PRESIDENT	[ ] Change	[X] Addition
22 NAME	THOMAS RIES		
23 STREET ADDRESS	4013 E. FOWLER AVE		
24 CITY-ST-ZIP	TAMPA, FL 33617	[ ] Change	[ ] Addition
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 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, with all other like empowered.

SIGNATURE: Sandra M. Scheda (Sandra M. Scheda) 4-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED  
99 APR 28 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/7/92

4. FEI Number

59-3137163

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

[ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes

X No

10. Name and Address of New Registered Agent

CR2E034 (11/98)