

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66952** (5)

1. Corporation Name

ENERGY CONSERVATION TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

**8965 SE HOBE SOUND BRIDGE ROAD
SUITE 203
HOBE SOUND FL 33455
US**

**P O BOX 1226
JENSEN BEACH FL 34958-1226
US**

3. Date Incorporated or Qualified
09/24/1992

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0361092

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIGLER, PAUL
9550 S OCEAN DRIVE
SUITE 409
JENSEN BEACH FL 34957**

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 607.1503, 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

Signature, typed or printed name of registered agent, if that applies

NOTE: Registered Agent's signature is required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SIGLER, PAUL D.**
STREET ADDRESS **9550 S. OCEAN DR. #409**
CITY-ST-ZIP **JENSEN BEACH FL**

1.1 TITLE **V.P.** ☐ Change ☒ Addition
1.2 NAME **WALTER J. BARROW, JR**
1.3 STREET ADDRESS **27 BALFOUR ROAD**
1.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition
2.2 NAME **PAUL D. SIGLER**
2.3 STREET ADDRESS **9550 S OCEAN DR #409**
2.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **TREASURER** ☐ Change ☒ Addition
3.2 NAME **GRACIE M. TABONE**
3.3 STREET ADDRESS **467 N.W. WHITMORE DRIVE**
3.4 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34984**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

(407) 546-2551

(City)

Daytime Phone #

CR2E034 (12/95)