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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90040 042 ***150.00

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NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K28328

1. Corporation Name
ECOTRAN, INC.

Principal Place of Business

% ROBERT G. BENSEN
352 EDMERE WAY N.
NAPLES FL 34105
US

Mailing Address

% ROBERT G. BENSEN
352 EDMERE WAY N.
NAPLES FL 34105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1988

4. FEI Number

65-0064474

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

BENSEN, ROBERT G.
352 EDMERE WAY N.
NAPLES FL 34105

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: *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *3/3/99*

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME BENSEN, ROBERT
STREET ADDRESS 352 EDMERE WAY NORTH
CITY-ST-ZIP NAPLES FL

TITLE VAS ☐ DELETE

NAME BENSEN, JR, ROBERT G.
STREET ADDRESS 21111 CHAGRIN BLVD
CITY-ST-ZIP BEACHWOOD OH

TITLE VS ☐ DELETE

NAME BENSEN, DWAIN E.
STREET ADDRESS 21111 CHAGRIN BLVD
CITY-ST-ZIP BEACHWOOD OH

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VAS
2.3 STREET ADDRESS BENSEN, JR, ROBERT G.
2.4 CITY-ST-ZIP 8254 DINES RD.
NOVELTY, OH

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VS
3.3 STREET ADDRESS BENSEN, DWAIN E.
3.4 CITY-ST-ZIP 8254 DINES RD.
NOVELTY, OH

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VAT
4.3 STREET ADDRESS BENSEN, LOIS M
4.4 CITY-ST-ZIP 352 EDMERE WAY N.
NAPLES, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ROBERT G. BENSEN

3/3/99

941-263-8510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)