

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Feb 14 1997 8:00am  
Secretary of State

DOCUMENT # P30371

(9)

1. Corporation Name

ECOGARD, INC.



Principal Place of Business

Mailing Address

3499 DABNEY DR  
P.O. BOX 14000  
LEXINGTON FL 405123499 DABNEY DR  
P.O. BOX 14000  
LEXINGTON FL 40512-4000

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

61-1179404

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME BIALH, JOHN C  
STREET ADDRESS 3499 DABNEY DRIVE  
CITY-ST-ZIP LEXINGTON KY 405091.1 TITLE ☒ Change ☐ Addition

1.2 NAME Biehl, John C.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PD ☐ DELETENAME HUSTON, JAMES M.  
STREET ADDRESS 2029 IMPALA LANE  
CITY-ST-ZIP LEXINGTON KY2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETENAME DEATON, MICHEAL F.  
STREET ADDRESS 3499 DABNEY DRIVE  
CITY-ST-ZIP LEXINGTON KY 405093.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T ☐ DELETENAME HUFFMAN, DANIEL B  
STREET ADDRESS 1000 ASHLAND DR  
CITY-ST-ZIP RUSSELL NY 411694.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Russell, KY 41169

TITLE VP ☐ DELETENAME ROCCO, JAMES V.  
STREET ADDRESS 3499 DABNEY DR  
CITY-ST-ZIP LEXINGTON KY5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE AST ☐ DELETENAME ELLIS, CHARLES D  
STREET ADDRESS 1201 MEDELLIN COURT  
CITY-ST-ZIP LEXINGTON KY6.1 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 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.

SIGNATURE:

Sandra B. Mortham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

Date

606/357-7681

Daytime Phone #

CR2E034 (9/96)