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 # **P95000066489 (2)**

1. Corporation Name

ECOLOGICAL CONSULTING ORGANIZATION, INC.

Principal Place of Business	Mailing Address
2001 OLD US HWYU 441 SUITE ONE MT DORA FL 32757	2001 OLD US HWYU 441 SUITE ONE MT DORA FL 32757

3. Date Incorporated or Qualified: **08/28/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 4208 Six Forks Road
Suite, Apt. #, etc.
22 220
City & State
23 Raleigh, NC
Zip 24 27609 Country 25 USA

2a. Mailing Address
26 P.O. Box 1876
Suite, Apt. #, etc.
27
City & State
28 Mt. Dora, FL
Zip 29 32757 Country 30 USA

4. FEI Number: 59-3330888 ☐ 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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERS, GRY L
380 W ALFRED ST
TAVARES FL 32778-3298

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1503, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RICE, KELLY N		2 NAME	
STREET ADDRESS	4208 SIX FORKS ROAD SUITE 220		3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 34609		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	RICE, STEVEN M		6 NAME	
STREET ADDRESS	4208 SIX FORKS ROAD SUITE 220		7 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 34609		8 CITY-ST-ZIP	
TITLE	D	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	ADAMS, STEPHEN R		10 NAME	
STREET ADDRESS	2001 OLD US HWY 441		11 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL 32757		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. I further certify that the information indicated on this report or supplemental 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 X in Block 13.

SIGNATURE: Kelly N. Rice, President — April 1, 1996 — (919) 786-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kelly N. Rice, President

Daytime Phone Number

CR2E034 (12/95)