

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90026 012 ***150.00

DOCUMENT # P95000066489

1. Corporation Name

ECOLOGICAL CONSULTING ORGANIZATION, INC.

Principal Place of Business

4208 SIX FORKS RD
220
RALEIGH NC 27609
US

Mailing Address

4208 SIX FORKS RD
220
RALEIGH NC 27609
US

2. Principal Place of Business

21 585 Gulfstream Trail East
Suite, Apt. #, etc.

2a. Mailing Address

26 585 Gulfstream Trail East
Suite, Apt. #, etc.

City & State

23 Orange Park, FL
Zip Country

City & State

28 Orange Park, FL
Zip Country

24 32073 25 USA

29 32073 30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Kelly N. Rice

82 Street Address (P.O. Box Number is Not Acceptable)

585 Gulfstream Trail East

83

84 City

Orange Park

FL

85 Zip Code

32073

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 Kelly N. Rice Kelly N. Rice, President

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

(NOTE: Registered Agent signature required when reinstating)

March 30, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME RICE, KELLY N
STREET ADDRESS 4208 SIX FORKS ROAD SUITE 220
CITY-ST-ZIP RELEIGH NC 27609

TITLE D ☐ DELETE

NAME RICE, STEVEN M
STREET ADDRESS 4208 SIX FORKS ROAD SUITE 220
CITY-ST-ZIP RELEIGH NC 27609

TITLE D ☐ DELETE

NAME ADAMS, STEPHEN R
STREET ADDRESS 2001 OLD US HWY 441
CITY-ST-ZIP MT DORA FL 32757

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 585 Gulfstream Trail East
1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 585 Gulfstream Trail East
2.4 CITY-ST-ZIP Orange Park, FL 32073

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: Kelly N. Rice Kelly N. Rice, President March 30, 1999 (904) 276-5499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)