FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000027746

1. Corporation Name
ECO-FLEX, INC.

Principal Place of Business
3385 S.E. 2ND TERRACE
OKEECHOBEE
FL. 34974

Mailing Address
P. O. BOX 1856
OKEECHOBEE
FL. 34973-1856

3. Date Incorporated or Qualified: MARCH 25, 1996
3a. Date of Last Report: NONE

2. Principal Place of Business
21 3385 S.E. 2ND Terrace
Suite, Apt. #, etc
22
City & State
23 OKEECHOBEE, FL.
Zip 24 34974 Country 25 OKEECHOBEE

2a. Mailing Address P.O. BOX
26 1856
Suite, Apt. #, etc
27
City & State
28 OKEECHOBEE FL.
Zip 29 34973 Country 30 OKEECHOBEE

4. FEI Number: 65-071 9207 ☐ 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
LUCIEN GAGNON
13801 S.E. HWY 441 LOT #1
OKEECHOBEE
FL. 34974

10. Name and Address of New Registered Agent
81 Name: LUCIEN GAGNON (SAME)
82 Street Address (P.O. Box Number is Not Acceptable): 13801 S.E HWY 441 Lot #1
83
84 City: OKEECHOBEE FL 85 Zip Code: 34974

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] 04-28-97
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		
		DELETE			Change / Addition
TITLE	PRESIDENT	☐	1.1 TITLE	PRESIDENT	☐ / ☒
NAME	LUCIEN GAGNON		1.2 NAME	LUCIEN GAGNON	
STREET ADDRESS	13801 S.E HWY 441 LOT #1		1.3 STREET ADDRESS	13801 S.E. HWY 441 LOT #1	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		1.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974	
TITLE	DIRECTOR	☒	2.1 TITLE	DIRECTOR	☒ / ☐
NAME	GILBERT BELISLE		2.2 NAME	GILBERT BELISLE	
STREET ADDRESS	4138 S.E. 27th Street		2.3 STREET ADDRESS	4138 S.E. 27TH STREET	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		2.4 CITY-ST-ZIP	OKEECHOBEE, FL. 34974	
TITLE	VICE-PRESIDENT	☐	3.1 TITLE	VICE PRESIDENT	☐ / ☒
NAME	FERNAND LAROSE		3.2 NAME	FERNAND LAROSE	
STREET ADDRESS	3385 S.E. 2ND TERRACE		3.3 STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	SECRETARY	☐	4.1 TITLE	SECRETARY	☐ / ☒
NAME	LEDA OUELLET		4.2 NAME	LEDA OUELLET	
STREET ADDRESS	13801 S.E HWY 441 LOT #1		4.3 STREET ADDRESS	13801 S.E. HWY 441 LOT 1	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		4.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974	
TITLE	TREASURER	☐	5.1 TITLE	TREASURER	☐ / ☒
NAME	CLAIRE LECAVALIER		5.2 NAME	CLAIRE LECAVALIER	
STREET ADDRESS	3385 S.E. 2ND TERRACE		5.3 STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		5.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974	
TITLE		☐	6.1 TITLE		☐ / ☒
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

600002212925
-06/16/97--01051--022
***165.00

CR2E034 (9/96)

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: [signature] 04-28-97 941-763-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #