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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		ORT	Secretary of State Division of Corporations					Secretary of State		
i. Corporati	JMENT ion Name	# S9391	•	0)						
EFFICIE	ENT CONT	rol of energy	r, INC.) 	BHBH BHBH BIBH BURK BHB	
Principal Place of Business 87 WOLCOTT DR N FT MYERS FL 33903		Mailing Address 67 WOLCOTT DR N FT MYERS FL 33\$03-4714								
US			US					3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last 08/01/1996	Report
2. Principal 21	Place of Busin	iess	2a. Mailing A	ddress				4. FEI Number 65-0312398	I A	applied For lot Applicable
Suite, Ap	t #, etc.		Suite, Ap	t. #, etc		JE		5. Certificate of Status Desired	, , ,	Additional tequired
City & Sta	ate A5	ABOJE	Caus en	A5	ABO			Election Campaign Financing Trust Fund Contribution		May Be
Zip.		Country 25	Z(p	<u> </u>	Cour	itry		This corporation has liability for Florida Statutes		
	*	and Address of Curr		nt				10. Name and Address of New Re		
	ODCHILD, V				[B1 Nam	е			
67 WOLCOTT DR					Ţ	82 Stree	t Addre	ss (P.O. Box Number is Not Acceptat	ole)	**************************************
N	FT MYERS F	L 33903			-	83				
					L					
					1	B4 City			FL 85 Zip	Code
office of agent.)								ration submits this statement for the points board of directors. I hereby access		s registered
12.	Sagnature Typine	or printed name of registered a OFFICERS A	ND DIRECTORS	(No	13.	Agent signat	ure require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
100	PD			DELETE	1,1 TIT	E	7	, , , , , , , , , , , , , , , , , , , ,	☐ Change	
NAME		IILD, WINTON J.			1.2 NA	ME				
STREET ADORESS					1.3 STF	EET ADDRES	s			
CHY-\$1 - 70°		ERS FL 33903		1 651 575		Y - ST - ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·	T Name
THEF	STD	IILD, SANDRA KAY	L.] DELETE	2.1 TITI			- 1	Change	Addition
NAME STREET ADDRESS	1 47 10/01 6				2.2 NAI	vil: Reet addres:				
Dilly - \$1 - ZiP		ERS FL 33903				14-51-24P	,			
TITLE			T.	DELETE	3.1 TiTi		1		Change	☐ Addition
NAME					3.2 NA	NE				
STREET ADDRESS	8				3.3 51	BEET ADDRES	s			
CITY - \$1 - 76°				7 25: 25		Y-ST-ZIP				
1111£	Ì		L	DELETE	4.1 TIY				Change	Addition
NAME					4. 2 NA		_			
STREET ADDRESS	5					ieet addres V-St-Zip	8			
COLY+ST-ZOP TOLE				DELETE	5.1 T(T			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			_		5.2 NA		ĺ		••	
STREET ADDRESS	s				5 3 ST	ieet addres	s			
CUTA - 21 - 216				<u> </u>	5.4 CIT	Y-ST-ZIP				
THEF				DELETE	6.1 TIT	LE.			☐ Change	Addition
NAME					6.2 NA					
STREET ADDRESS	5					REET ADDRES	S			
CITY - ST - ZIF	1				6.4 CIT	Y-ST-ZIP	1			

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 16 1997 8:00am