

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
STATE OF FLORIDA
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PH 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078395 (9)

INDOOR AIR QUALITY COMPANY

Principal Place of Business: 4902 CREEKSIDE DR SUITE A CLEARWATER FL 34620
Mailing Address: 4902 CREEKSIDE DR SUITE A CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-3216178
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 4535 8 AVE SO 26
22 Suite, Apt. #, etc.
23 City & State: St. Petersburg, FL 27
24 Zip: 33711 25 County: Pinellas 29
30 Country

9. Name and Address of Current Registered Agent: WATSON, DALE 190 112TH AVE N APT 209 ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent: 81 Name: DALE WATSON 82 Street Address: 495 42 AVE NO 83 City: St. Petersburg FL 85 Zip Code: 33703

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: Dale Watson DALE WATSON VP DATE: 2-23-95

12. OFFICERS AND DIRECTORS	
NAME	P WATSON, LONNIE H.
STREET ADDRESS	5811 42ND AVE., N.
CITY - ST - ZIP	ST. PETERSBURG FL
NAME	V WATSON, DALE F.
STREET ADDRESS	190 112TH AVE., N., SUITE 209
CITY - ST - ZIP	ST. PETERSBURG FL
NAME	D MILLARD, JOE
STREET ADDRESS	230 LEWIS BLVD., S.E.
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dale Watson
23 STREET ADDRESS	495 42 AVE NO
24 CITY - ST - ZIP	St. Petersburg, FL 33703
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 1, or Block 13 of the report, or on an attachment with an address.

SIGNATURE: Dale Watson DALE WATSON V DATE: 2-23-95 (813) 328-2000