

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 MAY -1 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04751 (9)

1. Corporation Name

INDOOR ENVIRONMENTS, INC.

Principal Place of Business

**2134 NW 6TH ST.
GAINESVILLE FL 32609**

Mailing Address

**2134 NW 6TH ST.
GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2868117** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25 Country**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29 Country**

9. Name and Address of Current Registered Agent

**KRAUSE, PAMELA J.
2134 NW 6TH ST.
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAUSE, PAMELA J.
STREET ADDRESS	537 SE 72 ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD
NAME	CLARK, EDWARD L.
STREET ADDRESS	635 SW 28 ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	STD
NAME	CLARK, MARTHA ALICE
STREET ADDRESS	635 SW 28 ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	no longer in corporation
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VD CLARK, MARTHA ALICE
3.3 STREET ADDRESS	3129 NW 12th STREET
3.4 CITY-ST-ZIP	Gainesville, FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Pamela J. Krause
PAMELA J. KRAUSE

4/26/95 **904-371-3467**
Date Daytime Phone #