

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071085 (3)

1. Corporation Name

FLORIDA INDOOR AIR QUALITY, INC.



Principal Place of Business

1991 CAROLINA CT
CLEARWATER FL 34620

Mailing Address

1991 CAROLINA CT
CLEARWATER FL 34620

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3206410

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

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, RUSSELL L
1991 CAROLINA CT
CLEARWATER FL 34620

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, RUSSELL L
STREET ADDRESS 1991 CAROLINA CT.
CITY-ST-ZIP CLEARWATER FL 34620 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KUNTZ, WAYNE S
STREET ADDRESS 539 75TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KUNTZ, JEFFREY A
STREET ADDRESS 4018 BAYSHORE BLVD., N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HAGGETT, STEVEN D
STREET ADDRESS 5170 5TH AVE., S.
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LONG, WILLIAM P
STREET ADDRESS 701 60TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME BROWN, JOAN T
STREET ADDRESS 1991 CAROLINA CT
CITY-ST-ZIP CLEARWATER FL 34620 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/96 (813) 536-2781

CR2E034 (12/95)