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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **P94000093656 (4)**

1. Corporation Name

INDOOR AIR QUALITY ASSOCIATION, INC.

Principal Place of Business

289 S. WILMA STREET
LONGWOOD FL 32750

Mailing Address

289 S. WILMA STREET
LONGWOOD FL 32750

3. Date Incorporated or Qualified: **12/29/1994**

3a. Date of Last Report: **07/14/1995**

4. FEI Number: **59-3295797** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

WILLOCKS, NICK
289 S. WILMA STREET
LONGWOOD FL 32750

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ELLIS, DEANE	
STREET ADDRESS	1900 MCNAB AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	☐ DELETE
NAME	WATSON, RICHARD	
STREET ADDRESS	108 E. JEFFERSON STREET, SUITE C	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ DELETE
NAME	WILLOCKS, NICK	
STREET ADDRESS	289 WILMA STREET	
CITY-ST-ZIP	LONG WOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	1 NAME	☐ Change ☐ Addition
1 STREET ADDRESS	1 CITY-ST-ZIP	
2 TITLE	2 NAME	☐ Change ☐ Addition
2 STREET ADDRESS	2 CITY-ST-ZIP	
3 TITLE	3 NAME	☐ Change ☐ Addition
3 STREET ADDRESS	3 CITY-ST-ZIP	
4 TITLE	4 NAME	☐ Change ☐ Addition
4 STREET ADDRESS	4 CITY-ST-ZIP	
5 TITLE	5 NAME	☐ Change ☐ Addition
5 STREET ADDRESS	5 CITY-ST-ZIP	
6 TITLE	6 NAME	☐ Change ☐ Addition
6 STREET ADDRESS	6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: Nick Willocks April 15 1996 407 332 4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

NICHOLAS WILLOCKS