

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 # P95000089275 (8)

1. Corporation Name

INDOOR VERTICAL VENTURES, INC.



Principal Place of Business

111 E MADISON ST SUITE 1100  
TAMPA FL 33602

Mailing Address

111 E MADISON ST SUITE 1100  
TAMPA FL 33602

3. Date Incorporated or Qualified  
11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5402-E Pioneer Park Blvd.

26 5402-E Pioneer Park Blvd.

4. FEI Number

59-3344519

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, Florida

27 Tampa, Florida

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 33634

28 33634

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, DANIEL L  
111 E MADISON ST SUITE 1100  
TAMPA FL 33602

81 Name

Geoffrey Barr

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

5402-E Pioneer Park Blvd.

83 Tampa, Florida

84 City

FL

85

Zip Code

33634

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

*Geoff Barr*

4/22/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, DANIEL L	
STREET ADDRESS	111 E MADISON ST SUITE 1100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Geoffrey Barr	
1.3 STREET ADDRESS	5402-E Pioneer Park Blvd.	
1.4 CITY-ST-ZIP	Tampa, Florida 33634	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phillip Yost	
2.3 STREET ADDRESS	6306 McDill Ave. S. Apt. #	
2.4 CITY-ST-ZIP	Tampa, Fl. 336	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Daniel L. Perry	
4.3 STREET ADDRESS	16004 Amistead Lane	
4.4 CITY-ST-ZIP	Odessa, Florida 33556	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Geoff Barr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

813-223-5594

Daytime Phone #

CR2E034 (12/95)