

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90033 007 ***158.75

DOCUMENT # P97000077227

1. Corporation Name
INDOOR AIR SOLUTIONS, INC.

Principal Place of Business

103 BEACH PL
SUITE 212
TAMPA FL 33606
US

Mailing Address

103 BEACH PL
SUITE 212
TAMPA FL 33606
US

2. Principal Place of Business

21 4603 Bay Villa Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 4603 Bay Villa Ave.
Suite, Apt. #, etc.

22 City & State

23 Tampa, FL
Zip Country

24 33611 25

27 City & State

28 Tampa, FL
Zip Country

29 33611 30

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3465224

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME KRAUSE, JOHN D
STREET ADDRESS 103 BEACH PL SUITE 212
CITY-ST-ZIP TAMPA FL 33606

TITLE S ☐ DELETE

NAME KRAUSE, JOHN D
STREET ADDRESS 103 BEACH PL, SUITE 212
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME KRAUSE, JOHN D
STREET ADDRESS 103 BEACH PL, SUITE 212
CITY-ST-ZIP TAMPA FL 33606

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4603 Bay Villa Ave
1.4 CITY-ST-ZIP Tampa, FL 33611

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4603 Bay Villa Ave
2.4 CITY-ST-ZIP Tampa, FL 33611

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 4603 Bay Villa Ave
3.4 CITY-ST-ZIP Tampa, FL 33611

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

John D. Krause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99
Date

(813) 832-9135
Daytime Phone #

CR2E034 (11/98)