

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

CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 23 PM 3:12

DOCUMENT # V18571 (2)

1. Corporation Name

KLEIN'S INDOOR AIR QUALITY SERVICES, INC.

Principal Place of Business

Mailing Address

2314 PARKVIEW DR.
10011 BONITA BCH. RD.
BONITA SPGS. FL 33923
US

P.O. BOX 2385
BONITA SPRINGS FL 33959
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

05/24/1994

4. FEI Number

65-0381898

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 25187 PAPILLION DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 BONITA SPRINGS, FL
City Country

27 City & State

28 City Country

24 33923

25 LEE

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, GARY A.
SPRINGS PLAZA, SUITE 279
8951 BONITA BEACH ROAD S.E.
BONITA SPRINGS FL

81 Name

JULIE ANN KLEIN

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

25187 PAPILLION DR

83

BONITA SPRINGS, FL

84 City

FL

85 Zip Code

33923

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

JULIE ANN KLEIN

X JULIE ANN KLEIN

1/10/96

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY - ST - ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY - ST - ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY - ST - ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
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93. NAME
94. STREET ADDRESS
95. CITY - ST - ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY - ST - ZIP
100. TITLE

DP
KLEIN, JULIE ANN
25187 PAPILLION DR.
BONITA SPGS. FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

100001707971
-02/06/96--01009-001
***200.00 ***200.00

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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: X JULIE ANN KLEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/96

941-495-1131

Date

Daytime Phone

00