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CORPORATION ANNUAL REPORT **1996**

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

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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.~~ ~~10911 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	2a. Mailing Address
21 25187 PAPILLION DR.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BONITA SPRINGS, FL	City & State 28
Zip 24 33923 Country 25 LEE	Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JULI 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 _____ (If agent, Registered Agent signature required when reinstating) DATE: 1/10/96

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: KLEIN, JULI ANN STREET ADDRESS: 25187 PAPILLION DR. CITY-ST-ZIP: BONITA SPGS. FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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 _____ 1/10/96 941-495-1131 OD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #