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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **444912** (0)
1. Corporation Name
COMBUSTION TEC, INC.



Principal Place of Business
**2501 CLARK ST.
P.O. BOX 607893 (ORLANDO, 32860)
APOPKA FL 32703**

Mailing Address
**2501 CLARK ST.
P.O. BOX 607893 (ORLANDO, 32860)
APOPKA FL 32703-2112**

3. Date Incorporated or Qualified
01/29/1974

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1513822

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 **2501 Clark Street**
Suite, Apt. #, etc.
22
City & State
23 **Apopka, FL**
Zip Country
24 **32703** 25 **USA**

2a. Mailing Address
26 **P.O. Box 607786**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL**
Zip Country
29 **32860-7786** 30 **USA**

9. Name and Address of Current Registered Agent

**LOUV, ARTHUR ESQ
2501 CLARK ST.
APOPKA FL 32703**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUV, ARTHUR R.	1.2 NAME	
STREET ADDRESS	657 BRECHIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	NEFF, GLENN C	2.2 NAME	
STREET ADDRESS	105 SPRING VALLY LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	NEFF, GLENN CAMPBELL	3.2 NAME	
STREET ADDRESS	888 LITTLE BEND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	NEFF, DAVID S.	4.2 NAME	
STREET ADDRESS	800 CROOKED OAK CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **3/3/97 407-299-7317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)