

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **547774** (0)

1. Corporation Name
GENCOR SYSTEMS, INC.



Principal Place of Business: **5201 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810**
Mailing Address: **5201 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810**

3. Date Incorporated or Qualified: **08/12/1977**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc		Suite, Apt. #, etc	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
59-2983369	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

ELLIOTT, E. J.
5201 N. ORANGE BLOSSEM TR.
ORLANDO FL 32810

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 607.1503, 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 of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		
TITLE	POC	<input type="checkbox"/> DELETE
NAME	ELLIOTT, E.J.	
STREET ADDRESS	5201 N ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAGLIA, R. V.	
STREET ADDRESS	5201 N ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHERRY, C.A.	
STREET ADDRESS	5201 N ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN E.	
STREET ADDRESS	5201 N ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T Lee, R. III	
2.3 STREET ADDRESS	5201 N. ORANGE Blossom TR	
2.4 CITY-ST-ZIP	ORLANDO FL 32810	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VSD Elliott John E	
4.3 STREET ADDRESS	5201 N. ORANGE Blossom TR	
4.4 CITY-ST-ZIP	ORLANDO FL 32810	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)