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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F95000005765 (1)**

1. Corporation Name

**HEAT CONTROLLER, INC.**

Principal Place of Business

**P.O. BOX 1089**
**JACKSON MI 49204**

Mailing Address

**P.O. BOX 1089**
**JACKSON MI 49204**

3. Date Incorporated or Qualified: **11/27/1995**

3a. Date of Last Report:

4. FEI Number: **38-1318444** — 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**BROWNELL, JAMES F**
**7050 OVERLAND RD.**
**ORLANDO FL 32860**

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PC | ☐ DELETE |
| NAME | KNIGHT, J A | |
| STREET ADDRESS | 3660 STONEWALL RD. | |
| CITY, ST, ZIP | JACKSON MI 49203 | |
| TITLE | ST | ☐ DELETE |
| NAME | DUANE, DAVID A | |
| STREET ADDRESS | 960 W. DANSVILLE RD. | |
| CITY, ST, ZIP | MASON MI 48854 | |
| TITLE | D | ☐ DELETE |
| NAME | LAGINA, MARTIN G | |
| STREET ADDRESS | 1503 N. GARFIELD RD. | |
| CITY, ST, ZIP | TRAVERSE CITY MI 49684 | |
| TITLE | D | ☐ DELETE |
| NAME | SWANSON, MARVIN R | |
| STREET ADDRESS | 4575 ANN ARBOR RD | |
| CITY, ST, ZIP | JACKSON MI 49202 | |
| 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

| | |
|---|---|
| 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this form 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 the 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 the 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:** DAVID A. DUANE TREASURER 3/28/96 517-787-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #