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FILED  
Mar 05 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 # F95000005765 (1)

1. Corporation Name  
HEAT CONTROLLER, INC.



Principal Place of Business Mailing Address  
P.O. BOX 1089 JACKSON MI 49204 P.O. BOX 1089 JACKSON MI 49204-1089

3. Date Incorporated or Qualified 11/27/1995 3a. Date of Last Report 04/09/1996  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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 607.1508, 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 (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|---|---|-----------------|
| TITLE                      | PC<br>KNIGHT, J A<br>3660 STONEWALL RD.<br>JACKSON MI 49203             | 1.1 TITLE   | Change Addition |
| NAME                       |   | 1.2 NAME  |                 |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 1.4 CITY - ST - ZIP                                   |                 |
| TITLE                      | ST<br>DUANE, DAVID A<br>960 W. DANSVILLE RD.<br>MASON MI 48854          | 2.1 TITLE   | Change Addition |
| NAME                       |   | 2.2 NAME  |                 |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 2.4 CITY - ST - ZIP                                   |                 |
| TITLE                      | D<br>LAGINA, MARTIN G<br>1503 N. GARFIELD RD.<br>TRAVERSE CITY MI 49684 | 3.1 TITLE   | Change Addition |
| NAME                       |   | 3.2 NAME  |                 |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |                 |
| TITLE                      | D<br>SWANSON, MARVIN R<br>4575 ANN ARBOR RD<br>JACKSON MI 49202         | 4.1 TITLE   | Change Addition |
| NAME                       |   | 4.2 NAME  |                 |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 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: DAVID A. DUANE 2/27/97 517-787-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)