

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

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 DICK W. DRIGGS
82 Street Address (P.O. Box Number is Not Acceptable)
7050 OVERLAND RD
83
84 City ORLANDO FL 85 Zip Code 32860

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 Dick W. Driggs DICK W. DRIGGS, PRESIDENT 7/15/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	KNIGHT, J A	
STREET ADDRESS	3080 STONEWALL RD.	
CITY-ST-ZIP	JACKSON MI 49203	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DUANE, DAVID A	
STREET ADDRESS	960 W. DANSVILLE RD.	
CITY-ST-ZIP	MASON MI 48854	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAGINA, MARTIN G	
STREET ADDRESS	1503 N. GARFIELD RD.	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, MARVIN R	
STREET ADDRESS	4578 ANN ARBOR RD	
CITY-ST-ZIP	JACKSON MI 49202	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROWNELL, JAMES F.	
1.3 STREET ADDRESS	1251 E. LANGLEY COURT	
1.4 CITY-ST-ZIP	HEATHROW, FL 32746	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HESS, H.F., JR.	
2.3 STREET ADDRESS	4907 WATERSEDGE DR.	
2.4 CITY-ST-ZIP	VALPARAISO, IN 46383	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HALPERN, PAUL	
3.3 STREET ADDRESS	2300 HARMON RD.	
3.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326	
4.1 TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PECK, DONALD A	
4.3 STREET ADDRESS	781 BLOOMFIELD	
4.4 CITY-ST-ZIP	JACKSON, MI 49203	
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 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 7/15/98 517-780-3200

CR2E034 (5/98)