

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90131 004 \*\*\*150.00

DOCUMENT # F95000005765

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DRIGGS, DICK W  
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 title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

1 APRIL 1999

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME KNIGHT, J A  
STREET ADDRESS 3660 STONEWALL RD.  
CITY-ST-ZIP JACKSON MI 49203

☒ DELETE

TITLE ST  
NAME DUANE, DAVID A  
STREET ADDRESS 960 W. DANSVILLE RD.  
CITY-ST-ZIP MASON MI 48854

☐ DELETE

TITLE D  
NAME BROWNELL, JAMES F  
STREET ADDRESS 1251 E LANGLEY CT  
CITY-ST-ZIP HEATHROW FL 32746

☐ DELETE

TITLE D  
NAME HESS, H FM JR  
STREET ADDRESS 4907 WATSEEDGE DR  
CITY-ST-ZIP VALPARISO IN 46383

☐ DELETE

TITLE D  
NAME HALPERN, PAUL  
STREET ADDRESS 2300 HARMON RD  
CITY-ST-ZIP AUBURN HILLS MI 48326

☐ DELETE

TITLE V  
NAME PECK, DONALD A  
STREET ADDRESS 781 BLOOMFIELD  
CITY-ST-ZIP JACKSON MI 49203

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME KNIGHT, J.A.

1.3 STREET ADDRESS 3660 STONEWALL RD.

1.4 CITY-ST-ZIP JACKSON MI 49203

2.1 TITLE PDC ☐ Change ☒ Addition

2.2 NAME DRIGGS, DICK W.

2.3 STREET ADDRESS 7050 OVERLAND RD.

2.4 CITY-ST-ZIP ORLANDO FL 32860

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

517-780-3200

Date

Daytime Phone #

CR2E034 (11/98)