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Apr 08 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 # P96000011032 (5)

1. Corporation Name:

COMBUSTION SYSTEMS & CONTROLS, INC.

Principal Place of Business

1539 FOXDEN RD  
APOPKA FL 32712

Mailing Address

1539 FOXDEN RD  
APOPKA FL 32712-3003

3. Date Incorporated or Qualified

02/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 2209 KILMER LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2209 KILMER LANE  
Suite, Apt. #, etc.

4. FEI Number

59-3367964

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

24 32703-5717

25 USA

29 32703-5717

30 USA

9. Name and Address of Current Registered Agent

NORRIS, BEN G  
1539 FOXDEN RD  
APOPKA FL 32712

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 for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME NORRIS, BEN G  
STREET ADDRESS 1539 FOXDEN RD  
CITY-ST-ZIP APOPKA FL 32712 ☐ DELETE

TITLE D  
NAME NORRIS, JANE E  
STREET ADDRESS 1539 FOXDEN RD  
CITY-ST-ZIP APOPKA FL 32712 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME NORRIS, BEN G.  
1.3 STREET ADDRESS 2223 KILMER LANE  
1.4 CITY-ST-ZIP APOPKA, FL 32703-5717

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME NORRIS, JANE E.  
2.3 STREET ADDRESS 2223 KILMER LANE  
2.4 CITY-ST-ZIP APOPKA, FL 32703-5717

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 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:

JANE E. NORRIS  
JANE E. NORRIS

3/31/97 (10) 884-1600  
Date Daytime Phone

0063663

CR2E034 (9/96)