

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55240 (1)**

1. Corporation Name

HELMS MORTGAGE ASSOCIATES, INC.



Principal Place of Business

973 WEST JEFFERSON ST.
BROOKSVILLE FL 34601

Mailing Address

973 WEST JEFFERSON ST.
BROOKSVILLE FL 34601

2. Principal Place of Business

21 7300 WINTER STREET
Suite, Apt. #, etc:

22

City & State

23 BROOKSVILLE, FL.

Zip

24 34613

Country

25 HERNANDO

2a. Mailing Address

26 7300 WINTER STREET
Suite, Apt. #, etc:

27

City & State

28 BROOKSVILLE, FL.

Zip

29 34613

Country

30 HERNANDO

3. Date Incorporated or Qualified
12/23/1988

3a. Date of Last Report
04/06/1995

4. FEI Number
59-2922317

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

9. Name and Address of Current Registered Agent

HELMS, PEGGY L
973 WEST JEFFERSON ST.
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name PEGGY L. HELMS
82 Street Address (P.O. Box Number is Not Acceptable)
7300 WINTER ST.
83 BROOKSVILLE, FL. 34613
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1008, 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 approved 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 PEGGY L. HELMS

03/28/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	HELMS, PEGGY L	
STREET ADDRESS	24132 WESTMINSTER CT.	
CITY, ST, ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, PEGGY L.	
STREET ADDRESS	932 COACHLIGHT LANE	
CITY, ST, ZIP	BROOKSVILLE, FLORIDA 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent or otherwise 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: PEGGY L. HELMS

03/28/96

352-796-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)