

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0019628

PROFIT  
CORPORATION  
ANNUAL REPORT

1998-09



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 472512

(3)

1. Corporation Name

HELPER INSTRUMENTS COMPANY

Principal Place of Business

131 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

131 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH FL 32937

FILED

99 JAN 13 PM 2: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1975

4. FEI Number

59-1592309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

DETWILER, BETTY L.  
957 HIGHWAY A1A  
INDIALANTIC FL 32903

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 *Susan E. Detwiler*  
Signature, typed or printed name of registered agent and title if applicable.

*Betty L. Detwiler*  
(NOTE: Registered Agent signature required when reinstating)

1-11-1999  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETWILER, SUSAN E.	1.2 NAME	300002747913--5
STREET ADDRESS	957 HIGHWAY A1A	1.3 STREET ADDRESS	-01/20/99--01063--022
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	****400.00 ****400.00
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETWILER, BETTY L.	2.2 NAME	300002747913--5
STREET ADDRESS	957 HIGHWAY A1A	2.3 STREET ADDRESS	-01/20/99--01063--023
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	****500.00 ****500.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	300002747913--5
STREET ADDRESS		3.3 STREET ADDRESS	-01/20/99--01063--023
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****500.00 ****500.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	300002747913--5
STREET ADDRESS		4.3 STREET ADDRESS	-01/20/99--01063--023
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****500.00 ****500.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300002747913--5
STREET ADDRESS		5.3 STREET ADDRESS	-01/20/99--01063--023
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****500.00 ****500.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002747913--5
STREET ADDRESS		6.3 STREET ADDRESS	-01/20/99--01063--023
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****500.00 ****500.00

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:

*Susan E. Detwiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan E. Detwiler*

1-11-99 777-1440  
Date Daytime Phone #

CR2E034 (5/98)