

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # 525380**

1. Entity Name

HELMS EXTERMINATORS, INC.



04-21-2004 90436 001 \*\*\*\*\*8.75

04-21-2004 90436 002 \*\*\*150.00

Principal Place of Business

1940 THOMASVILLE ROAD  
TALLAHASSEE FL 32303  
US

Mailing Address

PO BOX 3383  
TALLAHASSEE FL 32315

P.O. Bx 3641  
Talla, FL 32315

66413833



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1580 N. MONROE #C21  
Suite, Apt. #, etc.

3. Mailing Address

PO Bx 3641  
Suite, Apt. #, etc.

City & State  
Talla FL

City & State  
Talla, FL

4. FEI Number 59-1719558

Applied For  
Not Applicable

Zip  
32303

Country

Zip  
32315

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMS, J. FRANK  
2208 MENDOZA AVE  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HELMS, J. FRANK  
STREET ADDRESS 2208 MENDOZA AVENUE  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME HELMS, MADELINE  
STREET ADDRESS 3007 SHAMROCK DR N  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone

J. FRANK HELMS  
PRESIDENT 4/20/04 850  
222-2877