

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **631991** (7)

1. Corporation Name

HELLING REALTY AND INVESTMENT COMPANY

05 MAY - 1 PM 3:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2431 ALOMA AVE
WINTER PARK FL 32792**

Mailing Address

**2431 ALOMA AVE
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation **08/06/1979** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1928552** 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**

7. This corporation has actively for the past year been subject to the provisions of the Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HELLING, DALE D
2431 ALOMA AVE
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (do not include apartment)
83.
84. City, State, Zip
FL 85. Zip Code

11. Pursuant to the provisions of the Florida Statutes, the undersigned, a duly qualified and duly sworn officer of the State of Florida, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same conform to the provisions of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER OFFICERS
NAME: PSD HELLING, DALE D 2431 ALOMA AVE WINTER PARK FL	NAME: ☐ Change ☐ Add
STREET ADDRESS: T HELLING, DALE, D 2431 ALOMA AVE WINTER PARK FL	STREET ADDRESS: ☐ Change ☐ Add
CITY, STATE, ZIP: 	CITY, STATE, ZIP: ☐ Change ☐ Add
NAME: 	NAME: ☐ Change ☐ Add
STREET ADDRESS: 	STREET ADDRESS: ☐ Change ☐ Add
CITY, STATE, ZIP: 	CITY, STATE, ZIP: ☐ Change ☐ Add
NAME: 	NAME: ☐ Change ☐ Add
STREET ADDRESS: 	STREET ADDRESS: ☐ Change ☐ Add
CITY, STATE, ZIP: 	CITY, STATE, ZIP: ☐ Change ☐ Add
NAME: 	NAME: ☐ Change ☐ Add
STREET ADDRESS: 	STREET ADDRESS: ☐ Change ☐ Add
CITY, STATE, ZIP: 	CITY, STATE, ZIP: ☐ Change ☐ Add
NAME: 	NAME: ☐ Change ☐ Add
STREET ADDRESS: 	STREET ADDRESS: ☐ Change ☐ Add
CITY, STATE, ZIP: 	CITY, STATE, ZIP: ☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 333.02(1)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the same conform to the provisions of the Florida Statutes. I further certify that any person who furnishes false information to the corporation or the officer or director of the corporation is subject to the provisions of the Florida Statutes, and that any person who furnishes false information to the corporation or the officer or director of the corporation is subject to the provisions of the Florida Statutes.

SIGNATURE: *Dale D. Helling* Dale D. Helling-President

5/1/95

(407)678-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR