FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR -6 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **661670** **(0)**

1. Corporation Name
EDD HELMS ELECTRICAL CONTRACTING, INC.

S00001451815
-04/10/95--01028--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
17850 NE 5TH AVE. MIAMI FL 33162-6008 US	17850 NE 5TH AVE. MIAMI FL 33162-6008 US

3. Date Incorporated or Qualified: **04/07/1980**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1988896** ☐ 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, W., JR.~~ HELMS, L. WADE
17850 NE 5TH AVE.
MIAMI FL 33162

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 L. Wade Helms 3/23/95
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	~~FALCON, YOLANDA~~ MADGE, APRIL	12 NAME	
STREET ADDRESS	17850 NE 5TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 00000~~ 33162	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KOMARMY, JOSEPH	22 NAME	
STREET ADDRESS	17850 NE 5TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL ~~00000~~ 33162	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HELMS, CAROL A.	32 NAME	
STREET ADDRESS	17850 NE 5TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	34 CITY-ST-ZIP	
TITLE	VPS	41 TITLE	☐ Change ☐ Addition
NAME	HELMS, W. E JR.	42 NAME	
STREET ADDRESS	17850 NE 5TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	HELMS, L. WADE	52 NAME	
STREET ADDRESS	17850 NE 5TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: L. Wade Helms 3/23/95 (305) 653-2520
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Telephone Number

0174712 CP