

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90200 013 ***158.75

DOCUMENT # 661670

1. Corporation Name

EDD HELMS ELECTRICAL CONTRACTING, INC.

Principal Place of Business

17850 NE 5TH AVE.
MIAMI FL 33162-9008
US

Mailing Address

17850 NE 5TH AVE
MIAMI FL 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1980

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 owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

25

Zip

Country

30

9. Name and Address of Current Registered Agent

HELMS, WADE L
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME KOMARMY, JOSEPH
STREET ADDRESS 17850 NE 5TH AVE.
CITY-ST-ZIP MIAMI, FL 00000 33162

TITLE VPS ☐ DELETE
NAME HELMS, CAROL A.
STREET ADDRESS 17850 NE 5TH AVE.
CITY-ST-ZIP MIAMI FL 33162

TITLE P ☐ DELETE
NAME HELMS, W. E JR.
STREET ADDRESS 17850 NE 5TH AVE.
CITY-ST-ZIP MIAMI FL 33162

TITLE VPD ☐ DELETE
NAME HELMS, L. W
STREET ADDRESS 17850 NE 5TH AVE.
CITY-ST-ZIP MIAMI FL 33162

TITLE V ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME V.P.
5.3 STREET ADDRESS CHARLES S. O'TOOLE
5.4 CITY-ST-ZIP 17850 N.E. 5TH AVENUE
MIAMI FL 33162

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. E. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99
Date

305-6537520
Daytime Phone #

0561371

CR2E034 (11/98)