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

**PROFIT** Apr 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** HELSETH ENGINEERING, INC. Principal Place of Business Mailing Address 5309 S INDIAN RIVER DR 5309 S INDIAN RIVER DR POB 4351 POB 4351 FT PIERCE FL 34948 FT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2221089 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. **V** Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HELSETH, ANDREW P. 81 5309 \$. INDIAN RIVER DR. 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34982 83 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 (NOTE Registered Agent signature required when reinstating) gistered age of and title if applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition HELSETH, MILDRED NAME 1.2 NAME 5309 S I R RD STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELFTE 21 TITLE Change Addition HELSETH, ANDREW NAME 2.2 NAME 5309 S I R RD STREET ADDRESS 23 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 HTLF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 111(8 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZiP TITLE DELETE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby 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 are 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.

**FILED**