FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G12854** **(7)**

1. Corporation Name

ROBERT H. HELM, INC.

Principal Place of Business	Mailing Address
% ROBERT H. HELM 1062 W. ADAMS ST. JACKSONVILLE FL 32204-1104	% ROBERT H. HELM 1062 W. ADAMS ST. JACKSONVILLE FL 32204-1104

2. Principal Place of Business	2a. Mailing Address
21 2231-3 Corporate Sq Blvd	26 P.O. Box 350729
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Jacksonville FL	28 City & State: Jacksonville FL
24 Zip: 32216 25 Country: DUVAL	29 Zip: 32235 30 Country: DUVAL

3. Date Incorporated or Qualified: **12/10/1982**

3a. Date of Last Report: **05/10/1995**

4. FEI Number: **59-2234568** ☐ 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

HELM, ROBERT H.
1062 W. ADAMS ST.
JACKSONVILLE FL 32203

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PRES~~ CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELM, ROBERT H.		1.2 NAME	
STREET ADDRESS	~~1062 W. ADAMS ST.~~ 2231-3 Corporate Sq Blvd		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	~~VP~~ PRES. & TREAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HELM, RICHARD L.		2.2 NAME	
STREET ADDRESS	~~1062 W. ADAMS ST.~~ 2231-3 Corporate Sq Blvd		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	Secy.	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDA W. WINNEY		3.2 NAME	
STREET ADDRESS	7598 OLD KINGS RD. SOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 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	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: _____ 2/5/96 904/353-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)