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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # G12854

(7)

ROBERT H. HELM, INC.

FILED
Jun 09 1997 8:00am
Secretary of State

Principal Place	e of <b>B</b> usiness	Mailing Address			- 1 100 1114 0000 11010 11001 18401 6114 010	DIDIN BIBAN BIBAN DIBIN DIBIN BIBAN KODI	
2231-3 CORPORATE SO BLVD #-O- BOX 850729 JACKSONVILLE FL 32218 #ACKSONVILLE FL 32236 0720 US US		0					
					3. Date Incorporated or Qualified 12/10/1982	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	05/01/1996 Applied For	
21		26 2231-3 COLPON	ATTE SQ	BLVN	59-2234568	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	119 3-1,	<u> </u>		¢9 75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	8	City & State  28 TACKSONY IW	E. FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29 32216 30	us			Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
				amo	TERESTA STATE OF THE STATE OF T	140 1 50 1000	
	2 W. ADAMS ST. 2231-3 C				ss (P.O. Box Number is Not Acceptab		
JACKSONVILLE FL <del>02203</del> . 322/6			83	70-41-E	STATE SHOW	A 45-140.	
			63			l:	
			84 Cj	<b>TA-</b>	LEON THE	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 - 1/28/97 4/28/97							
	Signature, typed or printed name of registered agont			nature required	d whon relistating)		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition	
TITLE NAME	OEO		1111111			C. Change C. Addition	
1	HELM, ROBERT H. 2231-3 CORPORATE SQ BLVD		1.2 NAME	IEDO		1	
STREET ADDRESS	JACKSONMILLE FL		1.3 STREET ADDR	1699		}	
CITY-ST-ZIP TITLE	PT PT	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Addition	
NAME	HELM, RICHARD L.		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDR	1500			
CITY-ST-ZIP	14 0 4 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 4 Dity-St-Zil	- 1		1	
TITLE	8	DELETE	3.1 TITLE			Change Addition	
NAME	WINNEY, LINDA W		3 2 NAME		u.*	- <del>-</del> }	
STREET ADDRESS	7598 OLD KINGS RD. SOUTH		3.3 STREET ADDR	ESS			
CITY - ST - ZIP	JACKSONVILLE FL		3.4. CITY - ST - ZII	,		<u> </u>	
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME			1	
STREET ADDRESS			4.3 STREET ADDE	ESS		<u>,</u>	
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME			1 10 1	
STREET ADDRESS			5.3 STREET ADDR	RESS			
CITY-ST-ZIP			5 4 CITY - ST - 7IP			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
TITLE		DELETE	61 THLE			Change Addition	
NÀME			6.2 NAME			_	
STREET ADDRESS			6.3 STREET ADDR	ESS		6 1 S11 A1	
CITY - ST - ZIP			6.4 CITY - ST - ZIF		48	h dep /65.00	

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

CIONATURE.

RIGHT NO

444

11/2/10

and--