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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

Mailing Address

DOCUMENT # G19071
1. Corporation Name
HELSETH GROVE SERVICE, INC.

FILED Mar 05 1997 8:00am Secretary of State

A SERVICI ARRA CIANO PARKI DARBERBARA CIRA BIRIN ALBUR ALTER ACTUR ACADI DI ALTER

FT PIERCE FL 34951	FT PIERCE FL 34951-4006	3							
					3. Date Incorporated or Qualified 01/01/1983		Date of Last Report 1/30/1996		
2. Principal Flace of Business	2s. Mailing Address				4. FEI Number		Ap	plied For	
21	26				59-2278786		No	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Z _i p Country	Zip	Cou	untry		8. This corporation has liability for in	ntangible tax			
4 25	29	30			Florida Statutes	Yes 🔲 I	No		
9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered Age	ent		
HELSETH, HAROLD S.			81	Name					
7805 IMMOKOLEE ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
FT PIERCE FL 34951					<u></u>				
			83						
			84	City			65 Zip (Code	
11. Pursuant to the provisions of Sections 607.05	00 1007 (00 5) 11 6)		<u> </u>		and the second s	FL			
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli SIGNATURE.	gations of, Section 607.0505, F	authorize Iorida Sta	ed by t itutes.	the corporati	on's board of directors. I hereby accep	t the appoin	tment as	registered	
Sign and typics or proceed near college leterals				l signature require	ed when reinstating)	DATE	nea-A-	~	
	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	S IN 12 Addition	
HEI GETH HADOLD G	☐ Officir	1,1 1				L) Change	Mudified	
7805 IMMOKOLEE BOAD		1.2 N		popree					
FT PIERCE EI			STREET A						
CHY SI-ZIP	DELETE	2.1 T	CITY-ST-	· LIF	1000		Change	Addition	
NAM:		22 N				-			
STHEET ADDR: S.v.			STREET A	ODRESS					
CHY ST ZIP			CITY-ST						
THIF	DELETE					L	Change	Addition	
NAME		3.2 N	NAME						
STREET ADDRESS		3.3 S	STREET A	DORESS					
C FY - S1 - Z4P		3.4. (CITY-ST	- ZIP					
TOLE	L_ DELETE	4.1 T	FITLE			L_	_ Change	☐ Addition	
NAME		4.21	NAME						
STELL ACDRESS		4.3 S	STREET A	ADORESS					
Offr-S1-7P	T DELETE		CITY-SI	- ZiP			4-2	1 1 4 4 22	
TOLE	☐ DELETE	5.1 T				L	Change	Addition	
NAME		- 1	NAME						
STEEF LACORESS		1		ADDRESS					
COTY-ST-ZIP	DELETE	54 C	DITY - ST	- ZIP			Change	Addition	
THIF	L.J OULLE		NAME			L	, orange	recution	
NAME STREET ADORESS				ADDRESS					
			DITY-ST	1					
114. I do hereby certify that the information suppl	ed with this filing does not qua				in Section 119.07(3)(i), Florida Statute	s. I further co	ertify that	the	
information indicated on this annual report of Lam an officer or director of the corporation appears in Block 12 or Block 13 if changed,	r supplemental annual report is or the receiver or trustee empo	true and wered to	accur execu	rate and that ute this repor	my signature shall have the same lega	l effect as if tatutes: and	made uni	der oath; tha	