

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 # **H55887** (4)

1. Corporation Name
HELMS DRUM SERVICE, INC.



Principal Place of Business

C/O JANICE W. HELMS
1764 HWY 655
AUBURDALE FL 33823

Mailing Address

C/O JANICE W. HELMS
1764 HWY 655
AUBURDALE FL 33823

3. Date Incorporated or Qualified
05/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2551856

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

HELMS, JANICE W.
1764 HWY 655
AUBURDALE FL 33823

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 607.1505, 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 if third party, name

(Print) Registered Agent Signature (Typed Name of Third Party)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE
NAME **HELMS, JANICE W.**
STREET ADDRESS **1764 HWY 655**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **P** ☒ DELETE
NAME **HELMS, LEROY M.**
STREET ADDRESS **1764 HWY 655**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **VP** ☐ DELETE
NAME **HELMS, DAVID S.**
STREET ADDRESS **1764 HWY 655**
CITY-ST-ZIP **AUBURDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☐ Addition
12 NAME **HELMS, Janice W.**
13 STREET ADDRESS **1764 Hwy 655**
14 CITY-ST-ZIP **Auburndale Fl. 33823**

21 TITLE **Secy/Treasurer** ☒ Change ☐ Addition
22 NAME **Helms Leroy M**
23 STREET ADDRESS **1764 Hwy 655**
24 CITY-ST-ZIP **Auburndale Fl 33823**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)