

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, AUBURNDALE FL 33823
Mailing Address: C/O JANICE W. HELMS, 1764 HWY 655, AUBURNDALE FL 33823

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2551856
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**HELMS, JANICE W.
1764 HWY 655
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 if not applicable, _____
Title: Registered Agent Signature, typed or printed name of registered agent, _____

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	HELMS, JANICE W.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			1764 HWY 655	
CITY-ST-ZIP			AUBURNDALE FL	
TITLE	P	NAME	HELMS, LEROY M.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			1764 HWY 655	
CITY-ST-ZIP			AUBURNDALE FL	
TITLE	VP	NAME	HELMS, DAVID S.	<input type="checkbox"/> DELETE
STREET ADDRESS			1764 HWY 655	
CITY-ST-ZIP			AUBURNDALE FL	
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PAESIDENT	12 NAME	HELMS JANICE W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS			1764 HWY 655	
14 CITY-ST-ZIP			Auburndale Fl. 33823	
21 TITLE	Secy/Treasurer	22 NAME	Helms Leroy M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS			1764 HWY 655	
24 CITY-ST-ZIP			Auburndale Fl 33823	
31 TITLE		32 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS				
34 CITY-ST-ZIP				
41 TITLE		42 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS				
44 CITY-ST-ZIP				
51 TITLE		52 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS				
54 CITY-ST-ZIP				
61 TITLE		62 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Leroy M Helms* *Leroy M Helms* Pres. 4/29/96 941-984-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

CR2E034 (12/95)