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

DOCUMENT # H55887

(4)

HELMS DRUM SERVICE, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place of Business		Mailing A	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
C/O JANICE W. HELMS 1764 HWY 655 AUBURNDALE FL 33823		C/O JANICE W. HELMS 1764 HWY 655 AUBURNDALE FL 33823-9450						
						 Date Incorporated or Qualified 05/07/1985 	1	
2. Principal Pi	ace of Business	2a. Mailin	g Address			4. FEI Number		Applied For
21		26				59-2551856		Not Applicable
Suite, Apt. #, etc.		—¬	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	5 Additional
22		27						Required
City & State	9	—¬ ′	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		28 7m	Zip Country			This corporation has liability for intangible tax under s. 199.032,		
24	├ ─┐	25 29 30		⊢ −¬	y	Florida Statutes Yes No		
24	9. Name and Address of Curre		igent	130;		10. Name and Address of New Re		
HELL	IS, JANICE W.			8.	l Name			
	HWY 655				01	Addison (D.C. Do. N. subay in Not Accordance	JaX	
	URNDALE FL 33823		82 Street Ad		Address (P.O. Box Number is Not Acceptab	ne)		
NOO	CINISCIPLI P ASSES			8:	3			
						<u> </u>		
				8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	8, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the p	urpose of changi	ng its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Suc actions of, Section	thichange was on 607,0505. Fi	authorized t Iorida Statute	by the corp es.	poration's board of directors. I hereby accep	ot the appointmen	i as registered
SIGNATURE		,						
SIGNATURE	Signature, typed or printed name of registered as	gent and the it applica	ble (NO	It Registered A	gent signature	e required when romstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFICE		
TITLE	P		☐ DELETE	1.1 TITLE			∐ Char	ige 🔲 Addition
NAME	HELMS, JANICE W.			1.2 NAME				
STREET ADDRESS	1764 HWY 655			1.3 STRE	I ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL		THE SECTION	1.4 CITY	ST-ZIP		Cha.	an I desire
TITLE	ST LIEUW LEDOV M		☐ DELETE	2.1 TITLE			L Char	ige L Addition
NAME	HELMS, LEROY M.			2.2 NAMI				
STREET ADDRESS	1764 HWY. 655 Auburndale Fl			- 6	1 ADDRESS	†		
CITY-ST-ZIP TITLE	VP		DELETE	2. 4 CITY 3.1 THE	- \$1 - ZIP		Char	nge Addition
	HELMS, DAVID S.		bittie	3.2 NAM				.go
NAME CTREET APPRECE	1764 HWY 655				E1 ADORESS			
STREET ADDRESS	AUBURNDALE FL			3.4. CITY				
CITY-ST-ZIP TITLE	UANAUITANE LE		DELETE	4.1 1111.6			Chai	nge Addition
NAME				4. 2 NAM				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				4.4 CrTY				
TITLE			DELF1E	5 1 7ITLE			☐ Cha	nge 🔲 Addition
NAME				5.2 NAM	Ī		-	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				54 CITY		<u> </u>		
TITLE			DETETE	61 THLE			Cha	nge 🔲 Addition
NAME				6.2 NAM	F	1		
STREET ADDRESS	1.4			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	t			6.4 CITY				

14. I do hereby certify that the information supplied with this filing 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 ji changer, or on an attachment with an address.

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