

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:43

DOCUMENT # J86890 (7)

1. Corporation Name

HELMS ENTERPRISES, INC.

Principal Place of Business

2146 SUNNYDALE BLVD UNIT D
CLEARWATER FL 34625

Mailing Address

2146 SUNNYDALE BLVD UNIT D
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1987

3a. Date of Last Report

08/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

29

Zip

Country

4. FEI Number

59-2852669

Applied For

Not Applicable

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 a delinquent tax under s. 189.035, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GRIFFIN, DAVID W. ESQ.
401 S. LINCOLN AVE.
CLEARWATER FL 33516

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 607.1508, 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

Donald R. Helms
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

6/25/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD
HELMS, DONALD R.
2010 ELDORADO CT.
CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
GRAHAM, WILLIAM
1842 DIANE D.
CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

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:

Donald R. Helms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD R. HELMS

6/25/95
Date

813 4465705
Daytime Phone #

CR2E034 (3/95)