

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90012 050 ***150.00

DOCUMENT # K27790

1. Corporation Name

HELLEKSON REAL ESTATE CO., INC.

547104 - 90016 - 22



Principal Place of Business

345 SADDLEWORTH PLACE
HEATHROW FL 32746
US

Mailing Address

345 SADDLEWORTH PLACE
HEATHROW FL 32746
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1988	
21	No Operation	26		4. FEI Number 59-2887367	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WHIGHAM, FRANK C. 200 WEST FIRST STREET SUITE 22 SANFORD FL 32771				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	Estate of Libby Hellekson
NAME	HELLEKSON, LIBBY	1.2 NAME	10 Frank Whigham - Attorney
STREET ADDRESS	345 SADDLEWORTH PLACE	1.3 STREET ADDRESS	200 West First St
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	Sanford FL 32771
TITLE	D	2.1 TITLE	P/D and Personal Rep. of Estate
NAME	HELLEKSON, LIBBY	2.2 NAME	ROBERT HELLEKSON
STREET ADDRESS	345 SADDLEWORTH PLACE	2.3 STREET ADDRESS	1987 Quintilis Ct.
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	Deltona, FL 32738
TITLE		3.1 TITLE	V/D and Personal Rep. of Estate
NAME		3.2 NAME	MICHAEL HELLEKSON
STREET ADDRESS		3.3 STREET ADDRESS	1821- Beacon Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE		4.1 TITLE	S/T/D and Personal Rep. of Estate
NAME		4.2 NAME	SHEILA HELLEKSON KING
STREET ADDRESS		4.3 STREET ADDRESS	5001 Nebraska Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

407-322-2171

CR2E034 (11/98)