FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR -6 PM 12:16
FLORIDA

DOCUMENT # N05652 (5)

1. Corporation Name
HELPMEET, INC.

Principal Place of Business	Mailing Address
3290 CYPRESS GARDEN ROAD WINTER HAVEN FL 33884	3290 CYPRESS GARDEN ROAD WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE 59-326 4843 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MACK, MOLLY
3290 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: Reverand C. J. Mack
82 Street Address (P.O. Box Number is Not Acceptable): 3290 Cypress Gardens Road
83: Winter Haven
84 City: FL 85 Zip Code: 33884

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: Rev. C. J. Mack PD Rev C. J. MACK PD Rev C. J. Mack 4-3-95
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	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	MACK, MOLLY E. (Deceased)	12 NAME	MACK, C.J.
STREET ADDRESS	3290 CYPRESS GARDENS RD.	13 STREET ADDRESS	3290 Cypress Gardens Rd.
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	VCD	21 TITLE	☒ Change ☐ Addition VCD
NAME	REEK, ROBERT R.	22 NAME	BESSO, MARY ANN
STREET ADDRESS	1603 E. LAKE PARKER DR.	23 STREET ADDRESS	3608 Ave R., N.W.
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Winter Haven FL 33881
TITLE	TD	31 TITLE	☒ Change ☐ Addition TD
NAME	MACK, C.J.	32 NAME	REEK, ROBERT R.
STREET ADDRESS	3290 CYPRESS GARDENS RD.	33 STREET ADDRESS	1603 E. Lake Parker Dr.
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Lakeland, FL 33801
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev C. J. Mack Rev C. J. Mack 4-3-95 813-324-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010300