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Jun 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33884-2425**

3. Date Incorporated or Qualified  
**10/08/1984**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACK, REV. C.J.  
3290 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884**

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 617.0502 and 617.1508, 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 617.0503, 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MACK, C.J.</b>	
STREET ADDRESS	<b>3290 CYPRESS GARDENS RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BESSO, MARY ANN</b>	
STREET ADDRESS	<b>3808 NW AVE R</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Tim Anzouino</b>
2.3 STREET ADDRESS	<b>944 Reynolds Rd</b>
2.4 CITY-ST-ZIP	<b>Lakeland FL 33801</b>

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>REEK, ROBERT R.</b>	
STREET ADDRESS	<b>1803 E LAKE PARKER DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)