


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90128 040 \*\*\*150.00

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PROFIT CORPORATION. ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000281**

1. Corporation Name  
**JOE & HELEN & CO. INC.**

Principal Place of Business  
**23 S MYRTLE AVE  
CLEARWATER FL 34616**

Mailing Address  
**23 S MYRTLE AVE  
CLEARWATER FL 34616**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1995**

4. FEI Number

**65-0626128**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2569 COUNTRYSIDE BLVD.**

Suite, Apt. #, etc.

22 **SUITE 13**

City & State

23 **CLEARWATER, FL**

Zip

24 **33761**

Country

25 **USA**

2a. Mailing Address

26 **2569 COUNTRYSIDE BLVD.**

Suite, Apt. #, etc.

27 **SUITE 13**

City & State

28 **CLEARWATER, FL**

Zip

29 **33761**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WARD, HELEN  
23 S MYRTLE AVE  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

**HELEN WARD**

82 Street Address (P.O. Box Number is Not Acceptable)

**2569 COUNTRYSIDE BLVD.**

83

**SUITE 13; COUNTRYSIDE VILLAGE SQUARE**

84

**CLEARWATER**

FL

85 Zip Code

**33761**

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, HELEN</b>	
STREET ADDRESS	<b>23 S. MYRTLE AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>	

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WARD, HELEN</b>	
1.3 STREET ADDRESS	<b>2569 COUNTRYSIDE BLVD; SUITE 13</b>	
1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 18-1999**

Date

**727-791-0468**

Daytime Phone #

CR2E034(11/98)