

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90003 025 ***150.00

DOCUMENT # **P96000041614**

Corporation Name

GARY T. HELMS, INC.

Principal Place of Business

**10 BONNETT CREEK RD
AVON PARK FL 33825**

Mailing Address

**3100 BONNETT CREEK ROAD
AVON PARK FL 33825
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0670360

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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATLER, PHILLIP W
3200 US 27 S
SEBRING FL 33870**

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	3.2 NAME		
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	5.2 NAME		
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	6.2 NAME		
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Cindy L. Helms **Cindy L. Helms** 9-9-99 941-453-4902

CR2E034 (5/99)

PA6000041614

Dear Sirs -

9-10-99

We never received a first notice for this report. As per a phone call to your office, was told to write & explain as such.

Thank You

Cindy J. Helms