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

**PROFIT** CORPORATION ANNUAL REPORT

1998



**FLORIDA DEPARTMENT OF STATE** 

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000016456 (0)

**HELFFERICH CORPORATION** 

## **FILED** May 18 1998 8:00am Secretary of State



	- <del> </del>		<del> </del>			
Principal Pla	ce of Business	Mailing Address	S			
302 LEE BLVD., SUITE 102 302 LEE BLVD., SUITE 102						
LEHIGH ACE	ES FL 33936	LEHIGH ACRES	FL 33936		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/20/1997	
2. Principal I	Place of Business	2a. Mailing Add	ress		4. FEI Number Applied For	
21		26			Abolied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired S8.75 Additional	
22		27			6. Certificate of Status Desired Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip		ountry	8. This corporation owes or has paid the current year Intangible	
24	25	[29]	30		Personal Property Tax due June 30. Yes No	
	Name and Address of Curre	nt Hegisterea Agent	<del>_</del> -	81 Nar	10. Name and Address of New Registered Agent	
	ORGAN, JOHN M			O   Ivai		
302 LEE BLVD., SUITE 102				82 Street Address (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33936				83		
				63		
				84 City	y 85 Zip Code	
44 0	10 TO	00 10074500 51			FL 60 250000	
office or	registered agent, or both, in the State	e of Florida. Such char	ga Statutes, the nge was authoria	above-nam ed by the d	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the obliq	jations of, Section 607	. <b>0</b> 505, Florida Si	tatutes.	· ' ' '	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.		ID DIRFCTORS	INDIE REGISTE		nature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	D		TITLE	Change Addition	
NAME	HELFFERICH, FRANK			NAME		
STREET ADDRESS	302 LEE BLVD., SUITE 102			STREET ADDRE	ree	
CITY-ST-ZIP	LEHIGH ACRES FL 33936			CITY-ST-ZIP		
TITLE	1	D		TITLE	Change Maddition	
NAME	<b>†</b> •		2.2	NAME	1 - 1	
STREET ADDRESS			23	STREET ADDRES		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE				TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRES	FSS	
CITY-ST-ZIP				I. CITY-ST-ZIP		
TITLE		□ D		TITLE	Change Addition	
NAME				2 NAME		
STREET ADDRESS			4.3	STREET ADDRES	rss	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		D		TITLE	Change Addition	
NAME		_		NAME		
STREET ADDRESS				STREET ADDRES	ess	
CITY-ST-ZIP				CITY-ST-ZIP	1	
TITLE		DI		TITLE	Change Addition	
NAME		— <del>-</del>		NAME		
STREET ADORESS				STREET ADDRES	200	
CITY-ST-ZIP				CITY-ST-ZIP		
	L		0.4	0111-01-5IL		

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.