



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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 595540 (6)											
1. Corporation Name CHARLES WALDEN, INC.											
Principal Place of Business 3015 MOBILE HIGHWAY PENSACOLA FL 32505			Mailing Address 3015 MOBILE HIGHWAY PENSACOLA FL 32505-7012								
2. Principal Place of Business 21 1909 Hollyhill Road Suite, Apt. #, etc. 22 City & State 23 Pensacola, Florida Zip 24 32526		2a. Mailing Address 26 1909 Hollyhill Road Suite, Apt. #, etc. 27 City & State 28 Pensacola, Florida Zip 29 32526 Country 30 Escambia		3. Date Incorporated or Qualified 11/28/1978 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1879200 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent WALDEN, CHARLES A. 3015 MOBILE HIGHWAY PENSACOLA, FL LP FL 32505			10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 1909 Hollyhill Road 83 84 City Pensacola FL 85 Zip Code 32526								
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 _____ (NOTE: Registered Agent signature required when reinstating)											
12. OFFICERS AND DIRECTORS 11.1 TITLE PD <input type="checkbox"/> DELETE 11.2 NAME WALDEN, CHARLES A. 11.3 STREET ADDRESS 1909 HOLLYHILL RD 11.4 CITY-ST-ZIP PENSACOLA FL 11.5 <input type="checkbox"/> DELETE 11.6 <input type="checkbox"/> DELETE 11.7 <input type="checkbox"/> DELETE 11.8 <input type="checkbox"/> DELETE 11.9 <input type="checkbox"/> DELETE 11.10 <input type="checkbox"/> DELETE 11.11 <input type="checkbox"/> DELETE 11.12 <input type="checkbox"/> DELETE						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.6 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.7 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.8 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.9 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.11 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.											
SIGNATURE:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____											



CR2E034 (9/96)