FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

FLORIDA

DOCUMENT # **P38525** **(2)**

1. Corporate Name

WALNUT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
75 NEWMAN AVENUE RUMFORD RI 02916	75 NEWMAN AVENUE RUMFORD RI 02916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **05-0451922** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City, & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☐ Yes **XX** No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	MARSHALL, JOHN L., III	NAME	
STREET ADDRESS	75 NEWMAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	RUMFORD RI 02916	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☒ Addition
NAME	MARSHALL, JOANANNE	NAME	
STREET ADDRESS	75 NEWMAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	RUMFORD RI 02916	CITY-ST-ZIP	02916
TITLE	VC	TITLE	☐ Change ☐ Addition
NAME	PEREIRA, DAVID M	NAME	
STREET ADDRESS	75 NEWMAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	RUMFORD RI 02916	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report, pursuant to and required for the purposes of Section 607.1508, Florida Statutes, 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 above, or on an attachment with an asterisk.

SIGNATURE: Jon J. Marshall Vice President/Controller 4/24/95 (401) 438-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483481 FN