

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

FILED
Jul 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
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DOCUMENT # **P38525**

(2)

1. Corporation Name

WALNUT CONSTRUCTION, INC.

Principal Place of Business

**75 NEWMAN AVENUE
RUMFORD RI 02916**

Mailing Address

**75 NEWMAN AVENUE
RUMFORD RI 02916-1945**

3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 05/01/1996
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4. FEI Number 05-0451922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOHN L., III	
STREET ADDRESS	75 NEWMAN AVENUE	
CITY-ST-ZIP	RUMFORD RI 02916	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOANANNE	
STREET ADDRESS	75 NEWMAN AVENUE	
CITY-ST-ZIP	RUMFORD RI	

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	PEREIRA, DAVID M	
STREET ADDRESS	75 NEWMAN AVENUE	
CITY-ST-ZIP	RUMFORD RI 02916	

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		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert A. McNamara	
1.3 STREET ADDRESS	536 Pine Street	
1.4 CITY-ST-ZIP	Seekonk, MA 02771	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lawrence W. Jamison	
2.3 STREET ADDRESS	129 Wilson Avenue	
2.4 CITY-ST-ZIP	Rumford, RI 02916	

3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael F. McNally	
3.3 STREET ADDRESS	34 Mallard Cove Way	
3.4 CITY-ST-ZIP	Barrington, RI 02806	

4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles L. Caranci	
4.3 STREET ADDRESS	170 Sterling Avenue	
4.4 CITY-ST-ZIP	Providence, RI 02909	

5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S. James Busam	
5.3 STREET ADDRESS	Two Karen Ann Drive	
5.4 CITY-ST-ZIP	Smithfield, RI 02917	

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 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: *Charles L. Caranci* **7/7/97** (401) 429-8500

CR2E034 (9/96)