

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0118968

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

05-0451922

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

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

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 **PSD** ☐ DELETE

NAME **MCNAMARA, ROBERT A**

STREET ADDRESS **536 PINE ST**

CITY-ST-ZIP **SEEKONK MA**

TITLE **V** ☐ DELETE

NAME **JAMISON, LAWRENCE W**

STREET ADDRESS **129 WILSON AVE**

CITY-ST-ZIP **RUMFORD RI**

TITLE **VD** ☒ DELETE

NAME **MCNALLY, MICHAEL F**

STREET ADDRESS **34 MALLARD COVE WAY**

CITY-ST-ZIP **BARRINGTON RI**

TITLE **TD** ☐ DELETE

NAME **CARANCI, CHARLES L**

STREET ADDRESS **170 STERLING AVE**

CITY-ST-ZIP **PROVIDENCE RI**

TITLE **V** ☒ DELETE

NAME **BUSAM, S J**

STREET ADDRESS **TWO KAREN ANN DR**

CITY-ST-ZIP **SMITHFIELD RI**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President ☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME **Vice President**

33 STREET ADDRESS **David M. Pereira**

34 CITY-ST-ZIP **58 LeAnn Drive**

41 TITLE **Seekonk, MA 02771**

42 NAME **Treasurer** ☒ Change ☐ Addition

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME **Director, Secretary**

53 STREET ADDRESS **Laurence N. Fisher**

54 CITY-ST-ZIP **3353 Michikan Drive**

61 TITLE ☐ Change ☐ Addition

62 NAME **Irvine, CA 92698**

63 STREET ADDRESS

64 CITY-ST-ZIP

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.

SIGNATURE

Walter L. Pereira

7/20/98

(un) 420 3500

CR2E034 (5/98)