


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

FILED
Apr 17 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 # P95000069460 (0) 1. Corporation Name CHARLES E. WALTERS, INC.			
Principal Place of Business 3002 SOUTHSORE CIRCLE TALLAHASSEE FL 32312-1819		Mailing Address 3002 SOUTHSORE CIRCLE TALLAHASSEE FL 32312-1819	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent WALTERS, CHARLES E 3002 SOUTHSORE CIRCLE TALLAHASSEE FL 32312-1819		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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: PD 12.2 NAME: WALTERS, CHARLES E 12.3 STREET ADDRESS: 3002 SOUTHSORE CIR. 12.4 CITY-ST-ZIP: TALLAHASSEE FL 32312-1819		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE: SD 12.6 NAME: WALTERS, KATHY 12.7 STREET ADDRESS: 3002 SOUTHSORE CIR. 12.8 CITY-ST-ZIP: TALLAHASSEE FL 32312-1819		13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 TITLE: <input type="checkbox"/> DELETE 12.10 NAME: <input type="checkbox"/> DELETE 12.11 STREET ADDRESS: <input type="checkbox"/> DELETE 12.12 CITY-ST-ZIP: <input type="checkbox"/> DELETE		13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12 CITY-ST-ZIP: <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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/10/97 Daytime Phone: 904-656-7222	



CR2E034 (9/96)