

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V47307** (6)

1. Corporation Name  
**WALDON, INC.**



Principal Place of Business  
**PO BOX 112  
ST MARKS FL 32355**

Mailing Address  
**PO BOX 112  
ST MARKS FL 32355**

3. Date Incorporated or Qualified <b>07/01/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3131618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**BECKHAM, NANCY S  
OLD FORT DRIVE  
ST MARKS FL 32355**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 or director, family name)

(If title, Registered Agent signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKHAM, DONALD F</b>	
STREET ADDRESS	<b>OLD FORT DRIVE</b>	
CITY - ST - ZIP	<b>ST MARKS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKHAM, WALTER M</b>	
STREET ADDRESS	<b>OLD FORT DRIVE</b>	
CITY - ST - ZIP	<b>ST MARKS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKHAM, NANCY S</b>	
STREET ADDRESS	<b>OLD FORT DRIVE</b>	
CITY - ST - ZIP	<b>ST MARKS FL</b>	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

**200001829782**  
**-05/20/96--01054--046**  
**\*\*\*200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nancy S. Beckham**

**4-30-96**

**(904)925-6172**

CR2E034 (12/95)