

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 # 207625 (5)

1. Corporation Name
INLAND MATERIALS, INC.



Principal Place of Business: 1801 COUNTY RD 427, POST OFFICE BOX 180158, CASSELBERRY FL 32718-7158
Mailing Address: 1801 COUNTY RD 427, POST OFFICE BOX 180158, CASSELBERRY FL 32718-7158

3. Date Incorporated or Qualified: 11/18/1957
3a. Date of Last Report: 05/11/1995
4. FEI Number: 59-0818073
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Subj. Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
**MURPHY, RICHARD E.
1895 CITY ROAD, 427
CASSELBERRY FL 32718-7158**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MURPHY, RICHARD E. 1601 COUNTY ROAD 427 CASSELBERRY FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MURPHY, VINCENT R. 1601 COUNTY ROAD 427 CASSELBERRY FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MURPHY, ORVILLE 2019 N. RANKIN STREET APPLETON WI	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	GAGE, ARLENE 1724 HYCREST DRIVE APPLETON WI	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	MURPHY, FRANCIS 336 W. MICHIGAN STREET APPLETON WI	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-29-96 407-339-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)