

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 207625 (5)**

1. Corporation Name  
**INLAND MATERIALS, INC.**



Principal Place of Business <b>1801 COUNTY RD 427                  POST OFFICE BOX 180158                  CASSELBERRY FL 32718-7158</b>	Mailing Address <b>1601 COUNTY RD 427                  POST OFFICE BOX 180158                  CASSELBERRY FL 32718-7158</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/18/1957</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0818073</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MURPHY, RICHARD E.                  1895 CITY ROAD, 427                  CASSELBERRY FL 32718-7158</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, RICHARD E.</b>		1.2 NAME		
STREET ADDRESS	<b>1801 COUNTY ROAD 427</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CASSELBERRY FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, VINCENT R.</b>		2.2 NAME		
STREET ADDRESS	<b>1801 COUNTY ROAD 427</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CASSELBERRY FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, ORVILLE</b>		3.2 NAME		
STREET ADDRESS	<b>2019 N. RANKIN STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>APPLETON WI</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGE, ARLENE</b>		4.2 NAME		
STREET ADDRESS	<b>1724 HYCREST DRIVE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>APPLETON WI</b>		4.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, FRANCIS</b>		5.2 NAME		
STREET ADDRESS	<b>836 W. MICHIGAN STREET</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>APPLETON WI</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	<b>D Gregory J. Murphy</b>	
STREET ADDRESS			6.3 STREET ADDRESS	<b>1601 County Road 427</b>	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>Casselberry, FL, 32707</b>	

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 \_\_\_\_\_

CR2E034 (10/97)