

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000002841 (9)

1. Corporation Name  
INLAND ENTERPRISES, INC.



Principal Place of Business

Mailing Address

5584 TIMUQUANA RD. 550  
JACKSONVILLE FL 32210

5584 TIMUQUANA RD.  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 5506 Seaboard Ave.  
Suite, Apt. #, etc.  
22 City & State  
23 Jacksonville, FL  
Zip Country  
24 32244 25 U.S.A.  
26 5506 Seaboard Ave.  
Suite, Apt. #, etc.  
27 City & State  
28 Jacksonville, FL  
Zip Country  
29 32244 30 USA

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3426333

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

9. Name and Address of Current Registered Agent

LUTGENS, DAVID D  
5584 TIMUQUANA RD.  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name David D. Lutgens  
82 Street Address (P.O. Box Number is Not Acceptable)  
5506 Seaboard Ave.  
83  
84 City Jacksonville FL 85 Zip Code 32244

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

David D. Lutgens

4-30-98

Signature typed or printed name of registered agent and title at applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 LUTGENS, DAVID D  
5584 TIMUQUANA RD.  
JACKSONVILLE FL 32210  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

11-30-98 904-777-4822

CR2E034 (10/97)