

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **203540** (0)

95 MAY 10 AM 10:35

REAL ESTATE INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2837-21 AVENUE NORTH
ST PETERSBURG FL 33713**
Mailing Address: **2837-21 AVENUE NORTH
ST PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1957	3b. Date of Last Report 08/01/1994
21. State Apt # etc	22. City & State	23. Zip	24. Country	4. FEI Number 59-0866329	Applied For Not Applicable
25. State Apt # etc	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. State Apt # etc	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATERI, LIZ 430 WEST OAK AVENUE TAMPA FL 33602				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	2837 21st Avenue N.		
				83. City	St. Petersburg		
				84. State	FL	85. Zip Code	33713

11. Pursuant to the provisions of Sections 607.0302 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 607.0302, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	EVANS, ROBERT W	2. NAME	
3. STREET ADDRESS	2837 21ST AVE N	3. STREET ADDRESS	
4. CITY & STATE	ST PETERSBURG, FL 00000	4. CITY & STATE	
5. TITLE	T	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	PATERI, LIZ	6. NAME	
7. STREET ADDRESS	430 W OAK AVENUE	7. STREET ADDRESS	2837 21st Avenue N.
8. CITY & STATE	TAMPA FL	8. CITY & STATE	St. Petersburg Fl. 33713
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Sections 119 (2)(b), 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 originally, that I am an officer or director of this corporation, that the reason or reasons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in any attachment with an address.

SIGNATURE: *Liz Pateri* **Liz Pateri** **5-4-95** **813-323-4305**

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

APPROVED
FILED



1995

DOCUMENT # **207625** (5)

INLAND MATERIALS, INC.

MAY 11 1995

STATE OF FLORIDA

Principal Office: 1601 COUNTY RD 427, POST OFFICE BOX 180158, CASSELBERRY FL 32718-7158
 Mailing Address: 1601 COUNTY RD 427, POST OFFICE BOX 180158, CASSELBERRY FL 32718-7158

(Do Not Write In This Space)

2. Filing Year: 1995		28. Market Address		3. Date of Incorporation: 11/18/1957		36. Date of Last Report: 05/01/1994	
21. State: FL		26. State: FL		4. FFI Number: 59-0818073		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City: CASSELBERRY		27. City: CASSELBERRY		6. Director Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		8. The corporation has liability for intangible tax under S 199.032 Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip: 32718	25. Country: USA	29. Zip: 32718	30. Country: USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURPHY, RICHARD E. 1895 CITY ROAD, 427 CASSELBERRY FL 32718-7158				81. Name			
				82. Street Address (P.O. Box Number is Not Accepted)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607.0903 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 provisions of Section 607.0903, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PD MURPHY, RICHARD E. STREET ADDRESS: 1601 COUNTY ROAD 427 CITY: CASSELBERRY FL		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S MURPHY, VINCENT R. STREET ADDRESS: 1601 COUNTY ROAD 427 CITY: CASSELBERRY FL		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VP MURPHY, ORVILLE STREET ADDRESS: 2019 N. RANKIN STREET CITY: APPLETON WI		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D GAGE, ARLENE STREET ADDRESS: 1724 HYCREST DRIVE CITY: APPLETON WI		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: T MURPHY, FRANCIS STREET ADDRESS: 336 W. MICHIGAN STREET CITY: APPLETON WI		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is true and correct, and that I am qualified for the appointment stated in this filing. I further certify that the information included 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. This report is filed on behalf of the corporation or the officers or directors named in this report as required by Chapter 607, Florida Statutes, and that my name appears on this filing as being changed or added to the firm with an address.

SIGNATURE: _____ DATE: 5/9/95