

**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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, RICHARD E.	
STREET ADDRESS	1601 COUNTY ROAD 427	
CITY, ST, ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, VINCENT R.	
STREET ADDRESS	1601 COUNTY ROAD 427	
CITY, ST, ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, ORVILLE	
STREET ADDRESS	2019 N. RANKIN STREET	
CITY, ST, ZIP	APPLETON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGE, ARLENE	
STREET ADDRESS	1724 HYCREST DRIVE	
CITY, ST, ZIP	APPLETON WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, FRANCIS	
STREET ADDRESS	336 W. MICHIGAN STREET	
CITY, ST, ZIP	APPLETON WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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)