

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

FILED
May 21 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 # 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 1601 COUNTY RD 427 POST OFFICE BOX 180158 CASSELBERRY FL 32718-7158
-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/18/1957	4. FEI Number 59-0818073	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				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 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	85 Zip Code	
					FL		

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

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)