

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90054 032 ***150.00

DOCUMENT # 264971

1. Corporation Name

INLAND INDUSTRIAL CONTRACTORS, INCORPORATED

Principal Place of Business

1238 AIRPORT DRIVE
TALLAHASSEE FL 32304

Mailing Address

1238 AIRPORT DRIVE
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1962

4. FEI Number

59-0994418

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 the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

SKINNER, THOMAS D
1238 AIRPORT DR
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

Scott Yeary

82 Street Address (P.O. Box Number is Not Acceptable)

141 Catillion Circle

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Scott Yeary

Scott Yeary

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SKINNER, THOMAS	
STREET ADDRESS	1238 AIRPORT DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PRUDHOMME, LOUIS L	
STREET ADDRESS	1238 AIRPORT DR	
CITY-ST-ZIP	TALLAHASSEE FL-32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward L Raby	
1.3 STREET ADDRESS	5621 Kansas Ave	
1.4 CITY-ST-ZIP	Kansas City, KS 66106	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duane L Langerman	
2.3 STREET ADDRESS	22306 West 52nd Terrace	
2.4 CITY-ST-ZIP	Shawnee, KS 66226	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dennis P Haist	
3.3 STREET ADDRESS	1525 Rancho View Dr	
3.4 CITY-ST-ZIP	Lafayette, CA 94549	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Edward L Raby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(913) 281-0334

Daytime Phone #

CR2E034 (11/98)