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

DOCUMENT # L01861

INLAND PROPERTIES AND CONSTRUCTION, INC.

rincipal Place of Business
/O MICHAEL P. BIST
00 THOMASWOOD DRIVE
ALLAHASSEE FL 32312

Mailing Address

C/O MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90099 035 ***150.00



ALLAHASSEE FL 32312		TALLAHASSEE FL 32312		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed		
Principal F	Place of Business	20 14-11-14-14			07/13/1989		
}	lace of Busilless	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# etc	26			59-3068513		Not Applicable
]	. r, 010.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.	75 Additional
City & Star	ite	27			or outlined of classes besided	Fe	e Required
]		City & State			6. Election Campaign Financing	\$5	.00 May Be
Zip	Country	28 Zin			Trust Fund Contribution	Ad	ded to Fees
	25	Zip		untry	8. This corporation owes the current year I	ntangible	
	9. Name and Address of Curren	29	30	T	Personal Property Tax.	Yes	: M No
	3. Name and Address of Curren	t Kegistered Agent		04 1	10. Name and Address of New Registered	d Agent	
BIST	T, MICHAEL P.			81 Name			
	THOMASWOOD DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<u></u> .	
	LAHASSEE FL 32312				oss (F. S. Box Humber is Not Acceptable)		
IVI	CHINODEE FE 32312			83			
				84 City	Fi		Zip Code
. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es the a	hove-named corns		 1 1	
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized rida Stati	by the corporation by the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changin Dintment a	g its registered is registered
GNATURE							
	Signature, typed or printed name of registered agent		Registered	Agent signature required	when reinstating) DATE		
- T	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
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I nereby 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 perior 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.

GNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-79

24.1553

Daytime Phone #

CR2E034 (11/98)