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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004664 (6)

1. Corporation Name

INLAND PROTECTION FINANCING CORPORATION



Principal Place of Business: C/O STATE BOARD OF ADMINISTRATION, 1801 HERMITAGE BLVD., TALLAHASSEE FL 32308  
Mailing Address: C/O STATE BOARD OF ADMINISTRATION, 1801 HERMITAGE BLVD., TALLAHASSEE FL 32308-7703

3. Date Incorporated or Qualified: 09/09/1996  
3a. Date of Last Report

2. Principal Place of Business (21-24) and 4. FEI Number (59-3404559) section with various sub-fields for address and identification.

5. Certificate of Status Desired, 6. Election Campaign Financing, and 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOW, HORACE II  
C/O STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD.  
TALLAHASSEE FL 32308

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns for Officers and Directors (12) and 13 columns for Additions/Changes to Officers and Directors in 12 (13). Includes names like CHILES, LAWTON GOV, MILLIGAN, ROBERT F, CARSWELL, KEITH, WETHERALL, VIRGINIA, NELSON, BILL, TOM HEARDON, PETER COLLINS, THOMAS BOENCK.

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Heardon, Tom Heardon, 4/17/97, 904/488-4406

CR2E037 (9/96)