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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  
4. FEI Number: 59-3404559  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

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 (P.O. Box Number is Not Acceptable)  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CHILES, LAWTON GOV; MILLIGAN, ROBERT F; CARSWELL, KEITH; WETHERALL, VIRGINIA.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007677

CPRE037 (9/96)