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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 843474 (8)
1. Corporation Name
WOODFORD PLYWOOD, INC.



Principal Place of Business Mailing Address
**1504 S MOCK RD
P.O. BOX 50007
ALBANY GA 31705** **1504 S MOCK RD
P.O. BOX 50007
ALBANY GA 31705-4124**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/15/1979 **01/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		56-1242656		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
25		30					

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEE, ROBERT EARL CORNER GUERDON AND WODF ROADS LAKE CITY, FL 32055				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, HERBERT GUY	1.2 NAME	
STREET ADDRESS	2504 HIBISCUS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, TROY DEAN	2.2 NAME	
STREET ADDRESS	4919 EDITH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, TROY DEAN	3.2 NAME	
STREET ADDRESS	4919 EDITH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *H. G. Wood* 1-14-97 912 5834900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
H. G. Wood President

CR2E034 (9/96)