

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90188 032 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 843474**

1. Corporation Name  
**WOODFORD PLYWOOD, INC.**

Principal Place of Business  
 1504 S MOCK RD  
 P.O. BOX 50007  
 ALBANY GA 31705

Mailing Address  
 PO BOX 50007  
 P.O. BOX 50007  
 ALBANY GA 31703  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/15/1979**

4. FEI Number  
**56-1242656** 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

2. Principal Place of Business  
 21  22 Suite, Apt. #, etc.  23 City & State  24 Zip  25 Country

2a. Mailing Address  
 26  27 Suite, Apt. #, etc.  28 City & State  29 Zip  30 Country

9. Name and Address of Current Registered Agent  
**LEE, ROBERT EARL**  
**CORNER GUERDON AND WODF ROADS**  
**LAKE CITY, FL**  
**32055**

10. Name and Address of New Registered Agent  
 81 Name **John Connolly Jr.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **14323 Diplomat Drive**  
 83   
 84 City **Tampa** FL 85 Zip Code **33682**

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 John I. Connolly Jr. **JOHN I. CONNOLLY** 1-12-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, HERBERT GUY	
STREET ADDRESS	2504 HIBISCUS RD.	
CITY-ST-ZIP	ALBANY GA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	FORD, TROY DEAN	
STREET ADDRESS	4919 EDITH DR.	
CITY-ST-ZIP	ALBANY GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, TROY DEAN	
STREET ADDRESS	4919 EDITH DR.	
CITY-ST-ZIP	ALBANY GA	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>137 Nunnally Lane</b>
1.4 CITY-ST-ZIP	<b>LEESBURG GA 31763</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: Herbert Wood 1-19-99 912883490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)