

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 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country 29 Zip 30 Country

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

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	137 Nunnally Lane
1.4 CITY-ST-ZIP	LEESBURG GA 31763
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: **Herb Wood** **1-19-99 912883490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)