


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

DOCUMENT # 165952 (3)

95 MAY -1 PM 2: 57

1. Corporation Name
DIXIE PLYWOOD COMPANY OF TAMPA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
SOUTH END OF WEST LATHROP AVENUE SOUTH END OF WEST LATHROP AVENUE
P.O. BOX 1408 P.O. BOX 1408
SAVANNAH GA 31402 SAVANNAH GA 31402

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/31/1951	06/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0657530	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
				B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NAISH, TIMOTHY L ADAMO DR AT 31ST ST TAMPA FL 33605				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, W WALDO	12 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	13 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, DANIEL H	22 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	23 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JANE B	32 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	33 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, PAUL H	42 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	43 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	44 CITY - ST - ZIP	
TITLE	T	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, MARK	52 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	53 STREET ADDRESS	S. End of W. Lathrop Ave
CITY - ST - ZIP	SAVANNAH GA	54 CITY - ST - ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JOHN E	62 NAME	
STREET ADDRESS	19 W. PERRY	63 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signing 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: [Signature] [Signature] 9/26/95 (912) 236-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR