

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 Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
NAISH, TIMOTHY L ADAMO DR AT 31ST ST TAMPA FL 33605				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3		B4 City	
				FL B5 Zip Code	

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 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, W WALDO	1 2 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	1 4 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, DANIEL H	2 2 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JANE B	3 2 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	3 4 CITY - ST - ZIP	
TITLE	S	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, PAUL H	4 2 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	4 3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 00000	4 4 CITY - ST - ZIP	
TITLE	T	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, MARK	5 2 NAME	
STREET ADDRESS	S END OF W LATHROP AVE	5 3 STREET ADDRESS	S. End of W. Lathrop Ave
CITY - ST - ZIP	SAVANNAH GA	5 4 CITY - ST - ZIP	
TITLE	V	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JOHN E	6 2 NAME	
STREET ADDRESS	19 W. PERRY	6 3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA	6 4 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)(b), 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: [Signature] [Signature] 9/26/95 (912) 236-3385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR