

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 165952 (3)

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



Principal Place of Business SOUTH END OF WEST LATHROP AVENUE P.O. BOX 1408 SAVANNAH GA 31402	Mailing Address SOUTH END OF WEST LATHROP AVENUE P.O. BOX 1408 SAVANNAH GA 31402-1408
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/31/1951	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0657530	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. 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 NAISH, TIMOTHY L ADAMO DR AT 31ST ST TAMPA FL 33605		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 3021 ADAMO DRIVE		
83. City	FL	85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input 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	
CITY-ST-ZIP	SAVANNAH GA	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	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 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: Paul H. McMillan 2/6/97 (912) 236-3385

CR2E034 (9/96)