

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90055 004 \*\*\*158.75

DOCUMENT # 165952

1. Corporation Name

DIXIE PLYWOOD COMPANY OF TAMPA, INC.

Principal Place of Business

SOUTH END OF WEST LATHROP AVENUE  
P.O. BOX 1403  
SAVANNAH GA 31402

Mailing Address

SOUTH END OF WEST LATHROP AVENUE  
P.O. BOX 1408  
SAVANNAH GA 31402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1951

4. FEI Number

59-0657530

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 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PRICE, S G  
3675 NW 62ND ST  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VD  
BRADLEY, W WALDO  
S END OF W LATHROP AVE  
SAVANNAH, GA 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PD  
BRADLEY, DANIEL H  
S END OF W LATHROP AVE  
SAVANNAH, GA 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
WHEELER, JANE B  
S END OF W LATHROP AVE  
SAVANNAH, GA 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
MCMILLAN, PAUL H  
S END OF W LATHROP AVE  
SAVANNAH, GA 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
T  
GENTRY, MARK  
S END OF W LATHROP AVE  
SAVANNAH, GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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:

*Paul H. McMillan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(812) 447-7000

CR2E034 (11/98)