

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165952

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: DIXIE PLYWOOD COMPANY OF TAMPA, INC.

**Current Principal Place of Business:**

204 OLD WEST LATHROP AVENUE  
SAVANNAH, GA 31415

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1408  
SAVANNAH, GA 31402

**New Mailing Address:**

P. O. BOX 2328  
SAVANNAH, GA 31402

FEI Number: 59-0657530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BRADLEY, W WALDO,  
Address: 204 OLD WEST LATHROP AVENUE  
City-St-Zip: SAVANNAH, GA 31415

Title: PD ( ) Delete  
Name: BRADLEY, DANIEL H,  
Address: 204 OLD WEST LATHROP AVENUE  
City-St-Zip: SAVANNAH, GA 31415

Title: D ( ) Delete  
Name: WHEELER, JANE B,  
Address: 35 PALISADES ROAD NE  
City-St-Zip: ATLANTA, GA 30309

Title: S ( ) Delete  
Name: HANCOCK, REBECCA L  
Address: 204 OLD WEST LATHROP AVENUE  
City-St-Zip: SAVANNAH, GA 31415

Title: VT ( ) Delete  
Name: GENTRY, MARK,  
Address: 204 OLD WEST LATHROP AVENUE  
City-St-Zip: SAVANNAH, GA 31415

Title: V ( ) Delete  
Name: WILSON, DAVID G  
Address: 204 OLD WEST LATHROP AVENUE  
City-St-Zip: SAVANNAH, GA 31415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA L HANCOCK

S

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date