

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) 386-3385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR