

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1951	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0657530	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NAISH, TIMOTHY L 3021 ADAMO DRIVE TAMPA FL 33605				10. Name and Address of New Registered Agent		
				81 Name STEVEN G PRICE		
				82 Street Address (P.O. Box Number is Not Acceptable) 3675 N W 62ND ST		
				83		
				84 City MIAMI	85 Zip Code FL 33147	

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: *Steven G Price* **STEVEN G PRICE** **6/27/98** DATE

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* **SECRETARY** **4/24/98**

CR2E034 (10/97)