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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

HOUSE OF PLYWOOD, INC.

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Principal Place o	of Business	Malling A	Address					011 Q1Q1 01010 B1Q11	 	Aft Athir Alban ia bi	
567 MCDONNELL STREET P.O. BOX 2614 567 MCDONNELL STREET P.O. BOX 2614											
TALLAHASSEE FL 32316-2614 TALLAHASS		NHASSEE FL 323	ASSEE FL 32316-2614			3. Date Incorporated or Qualified 07/26/1966		3a. Date of Last Report 05/01/1995			
2. Principal Plac	ce of Business	2a. Maili	ng Address				4. FEI Number			Applied For	
11		26					59-1150801		\$9.7	Not Applicable 5 Additional	
Suite, Apt. #,	, etc.	Suite 27	a, Apt. #, etc.				5. Certificate of Status Desired			e Required	
2 City & State			& State				6. Election Campaign Financing			00 May Be	
3		28					Trust Fund Contribution			ded to Fees	
Zφ	Country	Zφ		Coun	ıtry		8. This corporation has liability for Florida Statutes	or intangible tax es 🔲 No	: under	8 199.032,	
4	25	29	Aponl	[30]			10. Name and Address of New		gent		
	9. Name and Address of Curr	rent Hegistereu	Agent		B1	Namo	· · · · · · · · · · · · · · · · · · ·				
0000 0	NEARLY A].	92	Chart Addr	ess (P.O. Box Number is Not Accept	able)			
COBB, DENNY G 618 MCDONNELL STREET			82		62	Street Addin	Idress (F.O. Dox Number to Wee Proceptuolog				
	ASSEE FL 32310				83						
1,100				ŀ	84	City	VALVE TO THE RESIDENCE OF THE PROPERTY OF THE	FL	85	Zip Code	
							ation submits this statement for the produced of directors. I hereby accept the a	ournana of cha	naina it	s registered office	
	ad agent, or both, in the state of the hand accept the obligations of, S Signature, typed or priviled name of registered a	gent and title if applicat			 Agent	t signature require	d when reinstaning)	DATE		TODE IN 12	
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I do hereby certify that the information supplied with this limit is votable to the same legal effect as if made under 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 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 certify 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 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 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 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 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 oath; that I am an officer or director of the corporation or the receiver of the corporation of the c

G. D. SIGNATURE AND TYPED OF THE NAME OF SIGNING OFFICER OR DIRECTOR G. DENNY COBB SIGNATURE:

3/**I** /96 (904) 222-0860 Liaytime Physics #