COF ANNL	PROFIT RPORATION JAL REPORT		FLORIDA DEPA Sandra	ARTMENT (B. Morthar ary of State	n				
	1996	<u>5</u> / 	DIVISION OF	CORPORA	ATIONS				
DOCUI I. Corporation	MENT # P0139	9	(5)						
INLAN	D PLYWOOD FLORIDA, INC	C.				1 100 HADI SIL 00 101 HADA 21110 10	11 2 (8 1) 6(8 1) 8 1	011 01011 011	ld Arlie Arbu 1881
Principal Place	of Business	Matin	g Address						
P.O. BOX 4 PONTIAC M	12000?	P.	D. BOX 420007 ONTIAC MI 48342						
··						3. Date Incorporated or Qualified 03/28/1984		of Last F	•
!. Principa' Pl.	ace of Business	2a. M	ailing Address			4. FEI Number 38-2494136	· • · · · · · · · · · · · · · · · · · ·		Applied For
Suite, Apt.	#, etc.		ilte, Apt. #, etc.			Certificate of Status Desired		\$8.7	Not Applicable Additional Required
City & State		Ci	ty & State			Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Ζιρ]	Country 25	29 29		Cour	try	8. This corporation has liability for Florida Statutes	intangible ta		
·-·	9. Name and Address of Current	t Register	ed Agent		B1 Name	10. Name and Address of New F	legistered /	Agent	
1. Pursuant ti	o the provisions of Sections 607,0502				34 City		FL	1 1	p Code
or registere familiar wit		and 60/.1:	508. Florida Statute:	s. the abov	e named coroo	ation submits this statement for the pur		no og ita	opictored office
IGNATURE .	h, and accept the obligations of, Section	on 607.050	5, Florida Statutes.	o by the co	яроганоп 5 роа	ation submits this statement for the pured of directors. I hereby accept the app		nging its i registered	registered office Lagent. Lam
IGNATURE .	n, and accept the obligations of, Sections of Sections	on 607.050	5, Florida Statutes.	t. Registered A	e-named corpor orporation's boat gent strutting require	rd of directors. Thereby accept the app	pose of cha ointment as	registered	l agent. I am
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14. I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Stephen A. MacBachern
SECRETARY

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