Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11940

1. Corporation Name

Principal Place of Business

DIAMOND HILL PLYWOOD COMPANY

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90028 040 ***150.00



600 EAST BROAD ST. P.O. BOX 529 DARLINGTON SC 29532 DARLINGTON SC 29532								
DAILENGT ON O	0 20002	US			DO NOT WRITE IN THIS S	PACE		
					3. Date incorporated or Qualifed 10/29/1986			
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number	Арр	fied For	
21 26					57-0278667	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	_	\$8.75 A	dditional	
22 27					5. Certifcate of Status Desired	Fee Req	uired	
City & State City & State					6. Election Campaign Financing	\$5.00 N		
23 28					Trust Fund Contribution	Added to	Fees	
Zip	Country Zip Cour			ntry 8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
					81 Name			
SHARBER, GEARY				<u></u>				
	BRIGHTON BUFF		82 Street Add		t Address (P.O. Box Number is Not Acceptable)		1	
ORANGE PARK FL 32073								
UNA	INGE FARK FL 320/3		83				}	
	•		84	City	FL	85 Zip C	ode	
44.5		CO7 1509 Florido Statuto	s the obey			nanging its r	registered	
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								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature	required when reinstating) DATE			
12.	OFFICERS AND		13.	_	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	RAMSEY, JOHN C.		1.2 NAME		Mike Davis		,	
STREET ADDRESS	117 WYANDOT ST		1.3 STREE	T ADDRESS	601 Diamond Hill Court		İ	
	DARLINGTON SC		1.4 CITY-S		Greensboro, NC 27406			
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	1-21		Change	Addition	
			•		11-0		_	
NAME	RAMSEY, JAMES H.		2.2 NAME		Mr. Donna Isgett		ĺ	
STREET ADDRESS	119 WYANDOT STREET		2.3 STREE	TADDRESS		_	ļ	
CITY-57-ZIP	DARLINGTON SC		2.4 CITY-1	ST-ZIP	Darlington SC 29532			
TITLE	VP	X DELETE	3.1 TITLE		9	Change	☐ Addition	
NAME	BAGWELL, JAMES F		3.2 NAME				İ	
STREET ADDRESS	111 MARYLAND DR		3.3 STREE	T ADDRESS	s l		1	
CITY-ST-ZIP	DARLINGTON SC		3.4. CITY-1	ST-ZIP	`	_		
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
	NICHOLSON, ROGER		4. 2 NAME				}	
NAME	•			* *******	,			
STREET ADDRESS	3000 COFER ROAD			T ADDRESS				
CITY-ST-ZIP	RICHMOND VA 23224	ST per eve	4.4 CITY-S	T-ZIP		☐ Change	[] Addition	
TITLE	D	DELETE	5.1 TITLE			□ ruguge		
NAME	JAMES, JOHN JAY	•	5.2 NAME					
STREET ADDRESS	213 CASHUA FERRY RD		5.3 STREE	T ADDRESS	S			
CITY-ST-ZIP	DARLINGTON SC		5.4 CITY- S	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	_		☐ Change	☐ Addition	
NAME	LEVY, SHERMAN D		6.2 NAME					
	6832 GENERAL DIAZ ST		6.3 STREE	T ADDRESS	s			
STREET ADDRESS	NEW ODLEANS A		64 CITY-5					

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, with all other like empowered.

SIGNATURE

A JOSE CON KOWASE DEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

Da

Daytime Phone #