


**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

95 MAY -1 PM 2: 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 165952 (3)  
1. Corporation Name  
DIXIE PLYWOOD COMPANY OF TAMPA, INC.

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  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/31/1951 06/24/1994  
4. FEI Number Applied For  
59-0657530 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
NAISH, TIMOTHY L  
ADAMO DR AT 31ST ST  
TAMPA FL 33605

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	
TITLE	VD
NAME	BRADLEY, W WALDO
STREET ADDRESS	S END OF W LATHROP AVE
CITY - ST - ZIP	SAVANNAH, GA 00000
TITLE	PD
NAME	BRADLEY, DANIEL H
STREET ADDRESS	S END OF W LATHROP AVE
CITY - ST - ZIP	SAVANNAH, GA 00000
TITLE	D
NAME	WHEELER, JANE B
STREET ADDRESS	S END OF W LATHROP AVE
CITY - ST - ZIP	SAVANNAH, GA 00000
TITLE	S
NAME	MCMILLAN, PAUL H
STREET ADDRESS	S END OF W LATHROP AVE
CITY - ST - ZIP	SAVANNAH, GA 00000
TITLE	T
NAME	GENTRY, MARK
STREET ADDRESS	S END OF W LATHROP AVE
CITY - ST - ZIP	SAVANNAH GA
TITLE	V
NAME	STEVENS, JOHN E
STREET ADDRESS	19 W. PERRY
CITY - ST - ZIP	SAVANNAH GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	S. End of W. Lathrop Ave
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 110.07(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 signing 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 9/26/95 (912) 236-3385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR