

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 07/31/1951
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0657530
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt #, etc.: 27, City & State: 28, Zip: 29, Country: 30

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: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	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	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	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	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	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	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JOHN E	6.2 NAME	
STREET ADDRESS	19 W. PERRY	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA	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 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.

SIGNATURE: *[Signature]* SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/4/96 (912) 236-3285
DATE DAYTIME PHONE #

CR2E034 (12/95)