

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165952

FILED
Feb 07, 2012
Secretary of State

Entity Name: DIXIE PLYWOOD COMPANY OF TAMPA, INC.

Current Principal Place of Business:

204 OLD WEST LATHROP AVENUE
SAVANNAH, GA 31415

New Principal Place of Business:

204 OLD WEST LATHROP AVENUE
SAVANNAH, GA 31415 UN

Current Mailing Address:

P. O. BOX 2328
SAVANNAH, GA 31402

New Mailing Address:

FEI Number: 59-0657530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: BRADLEY, W WALDO
Address: 204 OLD WEST LATHROP AVENUE
City-St-Zip: SAVANNAH, GA 31415

Title: PD
Name: BRADLEY, DANIEL H
Address: 204 OLD WEST LATHROP AVENUE
City-St-Zip: SAVANNAH, GA 31415

Title: D
Name: WHEELER, JANE B
Address: 35 PALISADES ROAD NE
City-St-Zip: ATLANTA, GA 30309

Title: S
Name: HANCOCK, REBECCA L
Address: 204 OLD WEST LATHROP AVENUE
City-St-Zip: SAVANNAH, GA 31415

Title: VT
Name: GENTRY, MARK
Address: 204 OLD WEST LATHROP AVENUE
City-St-Zip: SAVANNAH, GA 31415

Title: V
Name: BACHMAN, DANIEL J
Address: 204 OLD WEST LATHROP AVENUE
City-St-Zip: SAVANNAH, GA 31415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA L HANCOCK

SECR

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date