

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:13

DOCUMENT # 145398 (4)

1. Corporation Name
DIXON-POWDERMAKER FURNITURE COMPANY

Principal Place of Business Mailing Address
P.O. BOX 612 P.O. BOX 612
PASCAGOULA MS 39568 PASCAGOULA MS 39568

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1946 3a. Date of Last Report 01/25/1994

4. FEI Number 59-0540174 Applied For Not Applicable

5. Certificate of Status Desired \$6.75 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 *Paula W. McClure* N/A no change 1/26/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reselecting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	Chairman/CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, ROBERT J	12 NAME	Robert J. Boland
STREET ADDRESS	4703 N. PASCAGOULA STREET	13 STREET ADDRESS	4703 N. Pascagoula Street
CITY-ST-ZIP	PASCAGOULA MS	14 CITY-ST-ZIP	Pascagoula, MS 39567
TITLE	P	21 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSSERR	22 NAME	Roy L. Ausserer
STREET ADDRESS	4703 N. PASCAGOULA STREET	23 STREET ADDRESS	4703 N. Pascagoula St.
CITY-ST-ZIP	PASCAGOULA MS	24 CITY-ST-ZIP	Pascagoula, MS 39567
TITLE	CFO	31 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, PAULA	32 NAME	Paula W. McClure
STREET ADDRESS	4703 N. PASCAGOULA STREET	33 STREET ADDRESS	4703 N. Pascagoula Street
CITY-ST-ZIP	PASCAGOULA MS	34 CITY-ST-ZIP	Pascagoula, MS 39567
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 1 (10.07(2)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula W. McClure*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95
Date