

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20365** (3)

1. Corporation Name

WOODCHIPS EXPORT CORP.



Principal Place of Business

Mailing Address

6001 CHATHAM CTR., SUITE 350
P.O. BOX 2253
SAVANNAH GA 31402

6001 CHATHAM CTR., SUITE 350
P.O. BOX 2253
SAVANNAH GA 31402

3. Date Incorporated or Qualified **08/05/1988** 3a. Date of Last Report **08/11/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **58-1425094** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	FRANK K. PEEPLES	
STREET ADDRESS	5 SYLVAN ISLAND ROAD	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BENTON, JOHN R.	
STREET ADDRESS	6001 CHATHAM CTR STE 350	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEEPLES, ELIZABETH C.	
STREET ADDRESS	5 SYLVAN ISLAND ROAD	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STROUSE, DEBRA M.	
STREET ADDRESS	6001 CHATHAM CTR STE 350	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	E. GAY MAYFIELD,	
STREET ADDRESS	6001 CHATHAM CTR DR. #350	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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 in an attachment with an address.

SIGNATURE *Debra M. Strouse* **Debra M. Strouse** Date **4/16/96** Daytime Phone # **236-1865**

CR2E034 (12/95)