

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20365 (3)
 1. Corporation Name
WOODCHIPS EXPORT CORP.



Principal Place of Business 6001 CHATHAM CTR., SUITE 350 P.O. BOX 2253 SAVANNAH GA 31402	Mailing Address 6001 CHATHAM CTR., SUITE 350 P.O. BOX 2253 SAVANNAH GA 31402
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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	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/05/1988	
4. FEI Number 58-1425094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5051 Poppleton Dr.

83

84 City **Jacksonville** **FL** **85** Zip Code **32206**

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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, EULZABETH 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		

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 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Debra M. Strouse* **Debra M. Strouse** **3/17/98** **(912) 236-1865**

CR2E034 (10/97)