

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

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M96827 (4)**

1. Corporation Name  
**WOOD RESOURCE RECOVERY, INC.**



Principal Place of Business <b>10806 HWY. 21 NORTH                  GAINESVILLE FL 32606                  US</b>	Mailing Address <b>757 N. ELDRIDGE                  HOUSTON TX 77079-4435</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>09/01/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2908449</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1201 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CLARK, NEIL H JR</b>
STREET ADDRESS	<b>8607 ROBERTS DR, SUITE 100</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>OLSON, WILLIAM H</b>
STREET ADDRESS	<b>757 N. ELDRIDGE</b>
CITY-ST-ZIP	<b>HOUSTON TX 77079</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BURGER, GERALD K</b>
STREET ADDRESS	<b>757 N. ELDRIDGE</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>LONG, RONALD E</b>
STREET ADDRESS	<b>757 N. ELDRIDGE</b>
CITY-ST-ZIP	<b>HOUSTON TX 77079</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WISNIEWSKY, RICHARD L.</b>
STREET ADDRESS	<b>8607 ROBERTS DR.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULER, EILEEN B</b>
STREET ADDRESS	<b>757 N. ELDRIDGE</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>J. Frederick Snyder</b>
1.3 STREET ADDRESS	<b>757 N. Eldridge</b>
1.4 CITY-ST-ZIP	<b>Houston, TX 77079</b>
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 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  **WILLIAM H. OLSON** APR 15 1997 281-870-8100

CR2E034 (9/96)