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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M96827 (4)
1. Corporation Name
WOOD RESOURCE RECOVERY, INC.

Principal Place of Business

10806 HWY. 21 NORTH
GAINESVILLE FL 32606
US

Mailing Address

757 N. ELDRIDGE
HOUSTON TX 77079-4435



| | | | | | | | |
|--|---------------------|---------------------|---------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/01/1988 | | 3a. Date of Last Report 05/01/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2908449 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---------------------|
| TITLE | P | 1.1 TITLE | President |
| NAME | CLARK, NEIL H JR | 1.2 NAME | J. Frederick Snyder |
| STREET ADDRESS | 8607 ROBERTS DR, SUITE 100 | 1.3 STREET ADDRESS | 757 N. Eldridge |
| CITY-ST-ZIP | ATLANTA GA | 1.4 CITY-ST-ZIP | Houston, TX 77079 |
| TITLE | V | 2.1 TITLE | |
| NAME | OLSON, WILLIAM H | 2.2 NAME | |
| STREET ADDRESS | 757 N. ELDRIDGE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX 77079 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | |
| NAME | BURGER, GERALD K | 3.2 NAME | |
| STREET ADDRESS | 757 N. ELDRIDGE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | |
| TITLE | VT | 4.1 TITLE | |
| NAME | LONG, RONALD E | 4.2 NAME | |
| STREET ADDRESS | 757 N. ELDRIDGE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX 77079 | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | |
| NAME | WISNIEWSKY, RICHARD L. | 5.2 NAME | |
| STREET ADDRESS | 8607 ROBERTS DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 5.4 CITY-ST-ZIP | |
| TITLE | AS | 6.1 TITLE | |
| NAME | SCHULER, EILEEN B | 6.2 NAME | |
| STREET ADDRESS | 757 N. ELDRIDGE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 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)