

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

FILED
Apr 30 1997 8:00am
Secretary of State

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| 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 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/01/1988 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2908449 | Applied For 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 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 | P <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, NEIL H JR |
| STREET ADDRESS | 8607 ROBERTS DR, SUITE 100 |
| CITY-ST-ZIP | ATLANTA GA |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | OLSON, WILLIAM H |
| STREET ADDRESS | 757 N. ELDRIDGE |
| CITY-ST-ZIP | HOUSTON TX 77079 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | BURGER, GERALD K |
| STREET ADDRESS | 757 N. ELDRIDGE |
| CITY-ST-ZIP | HOUSTON TX |
| TITLE | VT <input type="checkbox"/> DELETE |
| NAME | LONG, RONALD E |
| STREET ADDRESS | 757 N. ELDRIDGE |
| CITY-ST-ZIP | HOUSTON TX 77079 |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | WISNIEWSKY, RICHARD L. |
| STREET ADDRESS | 8607 ROBERTS DR. |
| CITY-ST-ZIP | ATLANTA GA |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | SCHULER, EILEEN B |
| STREET ADDRESS | 757 N. ELDRIDGE |
| CITY-ST-ZIP | HOUSTON TX |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CR2E034 (9/96)