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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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572464-90015-18 4

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000006124</b> 1. Corporation Name <b>FRIENDS OF FLORIDA'S WASTE WOOD RECYCLERS AND USERS INC.</b>			
Principal Place of Business 2316 SUNVIEW AVE VALRICO FL 33594		Mailing Address 2316 SUNVIEW AVE VALRICO FL 33594	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number	
22. City & State		27. City & State		APPLIED FOR: 59-3585470	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. County		29. County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PROUT, CHARLES D 2316 SUNVIEW AVE VALRICO FL 33594				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and his or her office. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUT, CHARLES D	1.2 NAME	
STREET ADDRESS	2316 SUNVIEW AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVANY, MIKE	2.2 NAME	
STREET ADDRESS	1212 MT VERNON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803-5418	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, E V J	3.2 NAME	
STREET ADDRESS	100 14TH AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5/8/99 90085-005 \$61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Charles D. Prout*  
 CHARLES D. PROUT

5/1/99 813-681-6381 7/22/99

CFR037 (1/98)