

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 08/05/1988
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number: 58-1425094
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226

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 transferring) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, ELIZABETH 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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Debra M. Strouse* 4/16/96 236-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)