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FILED
Jun 05 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 # 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 31402-2253



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

25

29

30

3. Name and Address of Current 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

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

04/23/1996

4. FEI Number

58-1425094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

TITLE C
NAME FRANK K. PEEPLES
STREET ADDRESS 5 SYLVAN ISLAND ROAD
CITY-ST-ZIP SAVANNAH GA

☐ DELETE

TITLE VT
NAME BENTON, JOHN R.
STREET ADDRESS 6001 CHATHAM CTR STE 350
CITY-ST-ZIP SAVANNAH GA

☐ DELETE

TITLE VP
NAME PEEPLES, ELIZABETH C.
STREET ADDRESS 5 SYLVAN ISLAND ROAD
CITY-ST-ZIP SAVANNAH GA

☐ DELETE

TITLE S
NAME STROUSE, DEBRA M.
STREET ADDRESS 6001 CHATHAM CTR STE 350
CITY-ST-ZIP SAVANNAH GA

☐ DELETE

TITLE P
NAME E. GAY MAYFIELD,
STREET ADDRESS 6001 CHATHAM CTR DR. #350
CITY-ST-ZIP SAVANNAH GA 31405

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Debra M. Strouse

6/2/97

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CR2E034 (9/96)