

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City Jacksonville

FL

85

Zip Code 32206

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	<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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Debra M. Strouse

3/17/98

(912) 236-1865

CR2E034 (10/97)