

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 001 ***150.00

DOCUMENT # P20365

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.

4. FEI Number

58-1425094

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip **25** Country

29 Zip **30** Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURCH, KEN
5051 PROPELLER DRIVE
JACKSONVILLE FL 32206**

81 Name
ROBERT SCHULER

82 Street Address (P.O. Box Number is Not Acceptable)
5051 Propeller Dr.

83

84 City **Jacksonville,** **FL** **85** Zip Code
32226

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (9.2) **239-1330**
Date Daytime Phone #

CR2E034 (11/98)