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FILED

Jun 05 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 # P97000083886 (6)

1. Corporation Name

WOOD RESOURCE RECOVERY OF ALACHUA COUNTY, INC.



Principal Place of Business

Mailing Address

408 WEST UNIVERSITY AVENUE  
SUITE #408  
GAINESVILLE FL 32601

408 WEST UNIVERSITY AVENUE  
SUITE #408  
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10606 Hwy. 121 North  
Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

24 32653

Country

25 Alachua

2a. Mailing Address

26 248 Levy Rd  
Suite, Apt. #, etc.

27 City & State

28 Atlantic Bch, FL

29 32233

Country

30 Duval

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

59-3478820

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

HOPE, A. BICE ESQ.  
408 WEST UNIVERSITY AVENUE  
SUITE #408  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Jenkins, Sydney J.

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

248 Levy Rd

83

84 City

Atlantic Bch, FL

FL

85 Zip Code

32233

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 of registered agent or officer or director, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HOPE, A. BICE  
STREET ADDRESS 408 WEST UNIVERSITY AVENUE, SUITE #408  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C/P/VP/S/T  
1.2 NAME Jenkins, Sydney J.  
1.3 STREET ADDRESS 248 Levy Rd  
1.4 CITY-ST-ZIP Atlantic Bch, FL 32233

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

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

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

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

6.1 TITLE  
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

CR2E034 (10/97)