

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

0485547

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90092 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016988

1. Corporation Name
SANVILLE WOOD RECYCLING, INC.



Principal Place of Business ONE NE 50TH AVENUE Ocala FL 34470	Mailing Address ONE NE 50TH AVENUE Ocala FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/20/1998
21 5451 SE Maricamp Rd Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3546951
22 Ocala FL City & State	28 City & State	Applied For Not Applicable
23 34480 Zip	29 USA Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SANVILLE, THOMAS H
ONE NE 50TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANVILLE, THOMAS H	
STREET ADDRESS	ONE NE 50TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANVILLE, JANA L	
STREET ADDRESS	ONE NE 50TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
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, with all other like empowered.

SIGNATURE Thomas H Sanville (PRES) Date _____ Daytime Phone # (352) 206-5540

CR2E034 (11/98)