

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

95 JAN 26 PM 4:10

DOCUMENT # **J20746** (0)

1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES OF BARTOW, INC.

Principal Place of Business Mailing Address
**220 OUTLET POINTE BLVD
C/O ELAINE MCBRIDE JENKINS
COLUMBIA SC 29210
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1986** 3a. Date of Last Report **06/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 **220 Outlet Pointe Blvd**
Suite, Apt. #, etc. **26**
22 **C/O Pam KEEFE**
City & State **27**
Columbia SC
23 **29210** **28** **USA**
Zip Country Zip Country **29** **56** **30**

4. FEI Number **59-2692187** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Henry H. Taylor, Secretary** **1-13-95**
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STILWELL, WILLIAM E., JR
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	V
NAME	SPRINKLE, DAVID M.
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	V
NAME	MERASHOFF, MICHAEL
STREET ADDRESS	170 AVENUE D NORTH
CITY-ST-ZIP	BARTOW FL
TITLE	V
NAME	MANAK, PAUL W.
STREET ADDRESS	170 AVENUE D NORTH
CITY-ST-ZIP	BARTOW FL
TITLE	S
NAME	TAYLOR, HENRY H.
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	T
NAME	RIDING, WILLIAM D.
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 1107.03(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or 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 of this report, or is an attachment, with an address.

SIGNATURE: *[Signature]* **Henry H. Taylor, Secretary** **1-13-95** **803**
DATE **551-4279**