

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J20746** (0)

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



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

Mailing Address: **220 OUTLET POINTE BLVD  
C O PAM KEEFE  
COLUMBIA SC 29210  
US**

3. Date Incorporated or Qualified: **06/24/1986**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **59-2692187**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

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

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)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STILWELL, WILLIAM E., JR	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MERASHOFF, MICHAEL	
STREET ADDRESS	170 AVENUE D NORTH	
CITY - ST - ZIP	BARTOW FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANAK, PAUL W.	
STREET ADDRESS	170 AVENUE D NORTH	
CITY - ST - ZIP	BARTOW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
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	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth W. Winger	
1.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
1.4 CITY - ST - ZIP	Columbia, SC 29210	
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	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles A. Johannesmeyer	
3.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
3.4 CITY - ST - ZIP	Columbia, SC 29210	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Paul R. Humphreys	
6.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
6.4 CITY - ST - ZIP	Columbia, SC 29210	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-9-96** DAYTON FILING # **803 651-4279**

CR2E034 (12/95)