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FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 010 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P34497

1. Corporation Name
SAFETY-KLEEN (FS), INC.



Principal Place of Business 1301 GERVAIS ST SUITE 300 HOUSTON TX 29201 US	Mailing Address C/O ANITA K D'AMATO 1301 GERVAIS ST.SUITE 300 COLUMBIA SC 29201 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1991
4. FEI Number 51-0268319
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24	Zip Country 29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINGER, KENNETH	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FAUCETT, MICHAEL	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	CLOUMBIA SC 29201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, PAUL R	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	HOUSTON TX 29201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RIDINGS, WILLIAM D.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	

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 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry H. Taylor, Sec'y

5-18-99 803 933-4279
 Date Daytime Phone #

CR2E034 (1/98)