

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 # **P37444 (7)**

1. Corporation Name

LIDLAW ENVIRONMENTAL SERVICES TG, INC.



Principal Place of Business

220 OUTLET POINTE BLVD.
COLUMBIA SC 29210

Mailing Address

220 OUTLET POINTE BLVD.
C/O PAM KEEPE
COLUMBIA SC 29210
US

3. Date Incorporated or Qualified **02/10/1992** 3a. Date of Last Report **01/26/1995**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number 57-0600257	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STILWELL, WILLIAM E., JR	1.2 NAME	Kenneth W. Winger
STREET ADDRESS	220 OUTLET POINTE BLVD.	1.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, DAVID M.	2.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HENRY H.	3.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDINGS, WILLIAM D.	4.2 NAME	Paul R. Humphreys
STREET ADDRESS	220 OUTLET POINTE BLVD.	4.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	COLUMBIA SC	4.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES T	5.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

[Handwritten Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

803
551-4279

Daytime Phone #

CR2E034 (12/95)