

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37444 (7)
1. Corporation Name
LAILAW 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1992

2. Principal Place of Business 21 1301 GERVAYS STREET Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbia, SC Zip 24 29201	2a. Mailing Address 26 90 ANITA K. D'AMATO Suite, Apt. #, etc. 27 1301 GERVAYS STREET Suite 300 City & State 28 Columbia, SC Zip 29 29201	Country 25 USA	Country 30 USA
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4. FEI Number
57-0800257

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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	KENNETH W. WINGER
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	S <input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	T <input type="checkbox"/> DELETE
NAME	PAUL R. HUMPHREYS
STREET ADDRESS	220 OUTLET POINTE BLVD.
CITY-ST-ZIP	COLUMBIA SC
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1301 GERVAYS STREET, SUITE 300
1.4 CITY-ST-ZIP	COLUMBIA, SC 29201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1301 GERVAYS STREET, SUITE 300
2.4 CITY-ST-ZIP	COLUMBIA, SC 29201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1301 GERVAYS STREET, SUITE 300
3.4 CITY-ST-ZIP	COLUMBIA, SC 29201
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1301 GERVAYS STREET, SUITE 300
4.4 CITY-ST-ZIP	COLUMBIA, SC 29201
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.

SIGNATURE _____ DATE **3-11-98** 9:2 932-4179

CR2E034 (10/97)