

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

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

06-08-1999 90005 011 \*\*\*550.00

**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1999**



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

**DOCUMENT # P39062**

1. Corporation Name  
**SAFETY-KLEEN (LONE AND GRASSY MOUNTAIN), INC.**



Principal Place of Business      Mailing Address  
 1301 GERVAIS ST      1301 GERVAIS ST  
 SUITE 300      SUITE 300  
 COLUMBIA SC 29201      COLUMBIA SC 29201  
 US      US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/02/1992**

4. FEI Number      Applied For  
**73-0774247**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Election Campaign Financing       **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**SUITE 105**  
**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

**FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNETH W. WINGER	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	DAVID M. SPRINKLE	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENRY H. TAYLOR	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUL R. HUMPHREYS	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WILLIAM D. RIDINGS	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BRAGAGNOLO, MICHAEL JOSEPH	
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:      Date: **5/18/99**      Daytime Phone #: **803 933-4206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Paul R. Humphreys Sec'y**

CR2E034 (1/98)