

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 # **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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 Gervais Street Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbia, SC Zip 24 29201		2a. Mailing Address 26 96 Anita K. D'Amato Suite, Apt. #, etc. 27 1301 Gervais Street, Suite 300 City & State 28 Columbia, SC Zip 29 29201		3. Date Incorporated or Qualified 06/24/1986	
		4. FEI Number 59-2692187		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINGER, KENNETH W.		1.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		1.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		1.4 CITY-ST-ZIP Columbia, SC 29201	
TITLE SRVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPRINKLE, DAVID M.		2.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		2.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		2.4 CITY-ST-ZIP Columbia, SC 29201	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHANNESMYER, CHARLES A.		3.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		3.3 STREET ADDRESS 1301 Gervais Street	
CITY-ST-ZIP COLUMBIA SC		3.4 CITY-ST-ZIP Columbia, SC 29201	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, HENRY H.		4.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		4.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		4.4 CITY-ST-ZIP Columbia, SC 29201	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMPHREYS, PAUL		5.2 NAME	
STREET ADDRESS 2200 OUTLET POINTE BLVD.		5.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		5.4 CITY-ST-ZIP Columbia, SC 29201	
TITLE	<input type="checkbox"/> DELETE	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 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.

CR2E034 (10/97)