

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mohrman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 26 PM 4:10

DOCUMENT # P04662 (3)

1. Corporation Name

LIDLAW ENVIRONMENTAL SERVICES (TS), INC.

Principal Place of Business

220 OUTLET POINTE BLVD.
C/O ELAINE MCBRIDE JENKINS
COLUMBIA SC 29210

Mailing Address

220 OUTLET POINTE BLVD.
C/O ELAINE MCBRIDE JENKINS
COLUMBIA SC 29210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1985

3a. Date of Last Report

06/07/1994

4. FEI Number

57-0784795

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 has liability for intangible tax under S. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

26. Mailing Address

27 State, Apt. #, etc.

28 City & State

29 Zip

Country

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

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 the applicable)

(If 210 Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

NAME	PD
STREET ADDRESS	STILWELL, WILLIAM E., JR.
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC
NAME	V
STREET ADDRESS	BARTOLETTI, MONA
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC
NAME	V
STREET ADDRESS	KERR, EDWARD R.
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC
NAME	V
STREET ADDRESS	SPRINKLE, DAVID M.
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC
NAME	S
STREET ADDRESS	TAYLOR, HENRY H.
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC
NAME	AST
STREET ADDRESS	RIDINGS, WILLIAM D.
CITY - ST - ZIP	220 OUTLET POINTE BLVD COLUMBIA SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 NAME	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 NAME	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 NAME	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 NAME	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 NAME	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.032(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in truth and accuracy and that my signature shall have the same legal effect as if entered 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:

Henry H. Taylor

1-13-95

803
661-427-9