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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

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 29210-5667
 US**

3. Date Incorporated or Qualified: **06/24/1986**
 3a. Date of Last Report: **05/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2692187	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WINGER, KENNETH W.	1.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sr. Vice-President <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	
CITY- ST- ZIP	COLUMBIA SC	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP JOHANNESMYER, CHARLES A.	3.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC	3.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAK, PAUL W.	4.2 NAME	
STREET ADDRESS	170 AVENUE D NORTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	BARTOW FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S TAYLOR, HENRY H.	5.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HUMPHREYS, PAUL	6.2 NAME	
STREET ADDRESS	2200 OUTLET POINTE BLVD.	6.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC	6.4 CITY- ST- ZIP	

14. I do 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: *[Signature]* **Henry H. Taylor** 1/21/97 803-798-2993
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)