

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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # J20746 (0)**

1. Corporation Name  
**LIDLAW ENVIRONMENTAL SERVICES OF BARTOW, INC.**



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Principal Place of Business<br><b>220 OUTLET POINTE BLVD<br/>C/O ELAINE MCBRIDE JENKINS<br/>COLUMBIA SC 29210<br/>US</b> | Mailing Address<br><b>220 OUTLET POINTE BLVD<br/>C O PAM KEEFE<br/>COLUMBIA SC 29210<br/>US</b> |
|--|---|

3. Date Incorporated or Qualified  
**06/24/1986**

|   |   |                          |                          |
|---|---|--------------------------|--------------------------|
| 2. Principal Place of Business<br><b>21 1301 Gervais Street</b><br>Suite, Apt. #, etc.<br><b>22 Suite 300</b><br>City & State<br><b>23 Columbia, SC</b><br>Zip<br><b>24 29201</b> | 2a. Mailing Address<br><b>26 96 ANITA K. D'AMATO</b><br>Suite, Apt. #, etc.<br><b>27 1301 Gervais Street, Suite 300</b><br>City & State<br><b>28 Columbia, SC</b><br>Zip<br><b>29 29201</b> | Country<br><b>25 USA</b> | Country<br><b>30 USA</b> |
|---|---|--------------------------|--------------------------|

4. FEI Number  
**59-2692187**

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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

CR2E034 (10/97)