


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

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

06-08-1999 90005 006 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J20746
1. Corporation Name
SAFETY-KLEEN (BARTOW), INC.

Principal Place of Business 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 US	Mailing Address C/O/ ANITA K D'AMATO 1301 GERVAIS ST. SUITE 300 COLUMBIA SC 29201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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 the current year Intangible Personal Property Tax. <input 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINGER, KENNETH W.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHANNESMYER, CHARLES A.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, PAUL	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
Henry H. Taylor Sec'y

CR2E034 (11/98)