

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 25 PM 4:10

**DOCUMENT # P37444 (7)**

1. Corporation Name

**LIDLAW ENVIRONMENTAL SERVICES TG, INC.**

Principal Place of Business

**220 OUTLET POINTE BLVD.  
COLUMBIA SC 29210**

Mailing Address

**220 OUTLET POINTE BLVD.  
COLUMBIA SC 29210**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/10/1992**

3a. Date of Last Report  
**06/07/1994**

4. FEI Number  
**57-0600257**

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. 109.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** **220 Outlet Pointe Blvd**

City & State

**23**

City & State

**26** **Columbia SC**

Zip

**24**

Country

**25**

Zip

**29** **29210**

Country

**30** **USA**

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

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 607.1508, 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 of agent (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>
NAME	<b>STILWELL, WILLIAM E., JR</b>
STREET ADDRESS	<b>220 OUTLET POINTE BLVD.</b>
CITY - ST - ZIP	<b>COLUMBIA SC</b>
TITLE	<b>V</b>
NAME	<b>SPRINKLE, DAVID M.</b>
STREET ADDRESS	<b>220 OUTLET POINTE BLVD.</b>
CITY - ST - ZIP	<b>COLUMBIA SC</b>
TITLE	<b>S</b>
NAME	<b>TAYLOR, HENRY H.</b>
STREET ADDRESS	<b>220 OUTLET POINTE BLVD.</b>
CITY - ST - ZIP	<b>COLUMBIA SC</b>
TITLE	<b>T</b>
NAME	<b>RIDINGS, WILLIAM D.</b>
STREET ADDRESS	<b>220 OUTLET POINTE BLVD.</b>
CITY - ST - ZIP	<b>COLUMBIA SC</b>
TITLE	<b>V</b>
NAME	<b>GRIFFIN, JAMES T</b>
STREET ADDRESS	<b>220 OUTLET POINTE BLVD</b>
CITY - ST - ZIP	<b>COLUMBIA SC</b>
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 marshal 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 as an attachment with an address.

SIGNATURE:

**Henry H. Taylor**

**1-13-95**

**803-551-4279**