

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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. C/O PAM KEEPE COLUMBIA SC 29210 US**

3. Date Incorporated or Qualified: **02/10/1992**  
3a. Date of Last Report: **01/26/1995**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 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		
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	STILWELL, WILLIAM E., JR	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RIDINGS, WILLIAM D.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JAMES T	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY - ST - ZIP	COLUMBIA SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth W. Winger	
1.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
1.4 CITY - ST - ZIP	Columbia, SC 29210	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul R. Humphreys	
4.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
4.4 CITY - ST - ZIP	Columbia, SC 29210	
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)(k), 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: *[Handwritten Signature]* DATE: **4-9-96** DAYTIME PHONE: **803 551-4279**

CR2E034 (12/95)