

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 # P39062 (5)

1. Corporation Name

UNITED STATES POLLUTION CONTROL, INC.



Principal Place of Business

Mailing Address

220 OUTLET POINTE BLVD
ATTN: PAM KEEFE
COLUMBIA SC 29210
US

P. O. BOX 21799
ATTN: PAM KEEFE
COLUMBIA SC 29221
US

3. Date Incorporated or Qualified
06/02/1992

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
73-0774247

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 105
PLANTATION FL 33324

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 officer 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM E. STILWELL, JR.	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVID M. SPRINKLE	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENRY H. TAYLOR	
STREET ADDRESS	220 OUTLET POINTE BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUL R. HUMPHREYS	
STREET ADDRESS	220 OUTLET POINT BLVD.	
CITY-ST-ZIP	COLUMBAI SC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WILLIAM D. RIDINGS	
STREET ADDRESS	220 OUTLET POINTE BOULEVARD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NUCGAEK FAYCETT	
STREET ADDRESS	220 OUTLET POINTE BOULEVARD	
CITY-ST-ZIP	COLUMBIA SC	

1.1 TITLE	President	<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		<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)(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:

Henry H. Taylor

Henry H. Taylor

4-9-96

802-798-2903

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)