

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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P39062 (5)

1. Corporation Name
UNITED STATES POLLUTION CONTROL, INC.



Principal Place of Business
220 OUTLET POINTE BLVD
ATTN: PAM KEEFE
COLUMBIA SC 29210
US

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

3. Date Incorporated or Qualified
06/02/1992

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

4. FEI Number
73-0774247

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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 105
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	P	<input type="checkbox"/> DELETE
NAME	KENNETH W. WINGER	
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	COLUMBIA SC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WILLIAM D. RIDINGS	
STREET ADDRESS	220 OUTLET POINTE BOULEVARD	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Sr. Vice-President <input checked="" 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 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.

SIGNATURE: *[Signature]* **Henry H. Taylor** **Y 2197** **803-796-2006**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)