

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39062 (5)
 1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES (LONE AND GRASSY MOUNTAIN), 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
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
06/02/1992

2. Principal Place of Business 21 1301 Gervais Street Suite, Apt. #, etc. 22 SUITE 300 City & State 23 Columbia, SC Zip 24 29201	2a. Mailing Address 26 1301 Gervais St. Suite, Apt. #, etc. 27 SUITE 300 City & State 28 Columbia SC Zip 29 29201	4. FEI Number 73-0774247 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25 USA	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or (has paid) the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
			FL	

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 _____ (NOTL: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNETH W. WINGER		1.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		1.3 STREET ADDRESS 1301 Gervais St., Suite 300	
CITY-ST-ZIP COLUMBIA SC		1.4 CITY-ST-ZIP 29201	
TITLE SRVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID M. SPRINKLE		2.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		2.3 STREET ADDRESS 1301 Gervais St, Suite 300	
CITY-ST-ZIP COLUMBIA SC		2.4 CITY-ST-ZIP 29201	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENRY H. TAYLOR		3.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		3.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		3.4 CITY-ST-ZIP 29201	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL R. HUMPHREYS		4.2 NAME	
STREET ADDRESS 220 OUTLET POINT BLVD.		4.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBAI SC		4.4 CITY-ST-ZIP 29201	
TITLE AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM D. RIDINGS		5.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BOULEVARD		5.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP COLUMBIA SC		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MICHAEL JOSEPH BRAGAGNOLA	
STREET ADDRESS		6.3 STREET ADDRESS 1301 Gervais Street, Suite 300	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Columbia, SC 29201	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 as an attachment with an address

SIGNATURE: _____ **3-4-98 803-933-4279**

CP2E034 (10/97)