

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

**APPROVED
AND
FILED**

95 MAR -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 568650 (6)
1. Corporation Name
AMERICAN HOME SHIELD OF FLORIDA, INC.

Principal Place of Business Mailing Address
90 SOUTH E STREET, SUITE 200
PO BOX 5100
SANTA ROSA CA 95402-5100

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified 04/14/1978
3a. Date of Last Report 04/15/1994

2. Principal Place of Business 2a. Mailing Address
21 860 Ridge Lake Blvd. 26 860 Ridge Lake Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Memphis, TN 28 Memphis, TN
Zip Country Zip Country
24 38120 25 USA 29 38120 30 USA

4. FEI Number 94-2532275 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
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 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 _____ DATE _____
Sign in ink. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRINKER, DANIEL J.
STREET ADDRESS	2500 AMBER LANE
CITY-ST-ZIP	SANTA ROSA CA
TITLE	T
NAME	LEE, YOUNG W.
STREET ADDRESS	4676 LOS GATOS COURT
CITY-ST-ZIP	SANTA ROSA CA
TITLE	S
NAME	LIGHTFOOT, MARK
STREET ADDRESS	3553 DEERPARK CT
CITY-ST-ZIP	SANTA ROSA CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Scott J. Cromie	
3. STREET ADDRESS	860 Ridge Lake Blvd.	
4. CITY-ST-ZIP	Memphis, TN 38120	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Young W. Lee	
2.3 STREET ADDRESS	131B Stony Circle #1500	
2.4 CITY-ST-ZIP	Santa Rosa, CA 95401	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mark F. Lightfoot	
3.3 STREET ADDRESS	860 Ridge Lake Blvd.	
3.4 CITY-ST-ZIP	Memphis, TN 38120	
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 110.07(3)(b), 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 on or only 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:  Mark F. Lightfoot, Secretary 3/1/95 (901) 537-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (English) (Month)