03-01-1999 90112 036 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 959050

1. Corporation SERVICE	MASTER HOME HEALTH									
Principal Place	e of Business	Mailing Address	Mailing Address				i i Baigi i beres desan form outen arier i	<b>   </b>	1814 81841 811	B)( 819() (86)
ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515		3839 FOREST HILL IRENE R MEMPHIS TN 38125 US	··· <del>·</del>		-	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
							10/10/1983		<del></del>	F 4 F
2. Principal Place of Business		2a. Mailing Address	— — ~ ~ · · · · · · · · · · · · · · · ·			1	4. FEI Number		<u> </u>	olied For
21		26 One Service	<u>e</u> Ma	5t	<u>er v</u>	vay	36-3201073			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ ³	8.75 A Fee Red	
City & Stat	е	City & State					6. Election Campaign Financing	<del>-</del>	\$5.00	May Re
23	_	28 Downers	Gn	'nν	0	TL	Trust Fund Contribution		Added to	
Zip	Country	Zip	Coun		<del>-</del> ,		8. This corporation owes the current	t year Intangi	ble	_
24	25	29 60515	30 /	٨. ١	S		Personal Property Tax.	_		<b>X</b> No
9. Name and Address of Current Registered Agent							10. Name and Address of New Reg	istered Age	nt	
PLAN  11. Pursuant	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au igations of, Section 607.0505, Flori	es, the ab- athorized ida Statut	by tr tes.	City named ne corpo	corporation'	ation submits this statement for the pushboard of directors. I hereby accept to	FL 8	5 Zip C nging its i	registered
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re OFFICERS AND DIRECTORS			Agent :	signature r	required w	hen reinstating) ADDITIONS/CHANGES TO OFFICE		IRECTO!	RS IN 12
TITLE	VP	DELETE	13.	F			ABBITIONOIGH MAGES TO GATTA		Change	Addition
NAME	BLACK, KATHLEEN	<del>-</del>		1.2 NAME					•	_
STREET ADDRESS	ONE SERVICEMASTER WAY				ADDRESS					}
CITY-ST-ZIP	DOWNERS GROVE IL 60515			1.4 CITY-ST-ZIP						
TITLE	S DELETE		_	2.1 TITLE		5			Change	Addition
NAME	BAKER, SUZANNA		2.2 NAM			<u> </u>	Jak us Calher		,	
STREET ADDRESS	<del>-</del>			2.3 STREET ADDRESS			glas w. Colber ServiceMaster	When		
1				2.4 CITY-ST-ZIP			oners Grove, FL	60515		
CITY-ST-ZIP	PD X DELETE			3.1 TITLE		ag	ones Grove, The	<u> </u>	Change	Addition
NAME	WILHELM, DONALD R		4 -	1		1 .	- ~ acatro.01	* -; '	. — -	<i></i>
STREET ADDRESS	ONE SERVICEMASTER WAY				ADDRESS	000	service Master	Way		
i	DOWNERS GROVE IL 60515		3.4. CIT			1	oners Brove, IZ	CODEIG	₹	
CITY-ST-ZIP	DOMINERS UNOVE IL 00313	☐ DELETE	4.1 TITL		LIF	2	-101		Change	Addition
NAME			4, 2 NA						-	
NAME STREET ADDRESS			1		ADDRESS	276	ven lemke	or War	_	

CITY-ST-ZIP 14. I 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 chapter 607 an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

DELETE

430 271-1300

☐ Change

☐ Addition

☐ Addition