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 # **F95000005171 (2)**

1. Corporation Name

HOME SHIELD INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
860 RIDGE LAKE BLVD. ~~A1-1064R~~ MEMPHIS TN 38120	860 RIDGE LAKE BLVD. ~~A1-1064R~~ MEMPHIS TN 38120

3. Date Incorporated or Qualified: **10/24/1995**
3a. Date of Last Report:
4. FEI Number: **94-2602888** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CROMIE, SCOTT J		12 NAME	
STREET ADDRESS	860 RIDGE LAKE BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, GARY E		22 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY		23 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LEE, YOUNG W		32 NAME	
STREET ADDRESS	131B STONY CIRCLE #1500		33 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA 95401		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LIGHTFOOT, MARK F		42 NAME	
STREET ADDRESS	860 RIDGE LAKE BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120		44 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	STERLING, HAROLD H III		52 NAME	
STREET ADDRESS	543 DIANA		53 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38104		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ Mark F. Lightfoot 3-25-96 901/766-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #