

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

860 RIDGE LAKE BLVD. ~~MEMPHIS TN 38120~~

Mailing Address

860 RIDGE LAKE BLVD. ~~MEMPHIS TN 38120-9408~~

3. Date Incorporated or Qualified  
10/24/1995

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROMIE, SCOTT J	
STREET ADDRESS	860 RIDGE LAKE BLVD.	
CITY - ST - ZIP	MEMPHIS TN 38120	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, GARY E	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY - ST - ZIP	DOWNERS GROVE IL 60515	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, YOUNG W	
STREET ADDRESS	131B STONY CIRCLE #1500	
CITY - ST - ZIP	SANTA ROSA CA 95401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIGHTFOOT, MARK F	
STREET ADDRESS	860 RIDGE LAKE BLVD.	
CITY - ST - ZIP	MEMPHIS TN 38120	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STERLING, HAROLD H III	
STREET ADDRESS	543 DIANA	
CITY - ST - ZIP	MEMPHIS TN 38104	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	860 Ridge Lake Blvd.
2.4 CITY - ST - ZIP	Memphis, TN 38120
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	131 A Stony Circle #100
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:

*Mark F. Lightfoot*

Mark F. Lightfoot 1-27-97 901/246-1291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)