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FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005171 (2)

1. Corporation Name

HOME SHIELD INSURANCE AGENCY, INC.



Principal Place of Business

880 RIDGE LAKE BLVD  
MEMPHIS TN 38120  
US

Mailing Address

880 RIDGE LAKE BLVD  
MEMPHIS TN 38120  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

94-2602888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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	880 RIDGE LAKE BLVD.	
CITY-ST-ZIP	MEMPHIS TN 38120	

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, GARY E	
STREET ADDRESS	880 RIDGE LAKE BLVD	
CITY-ST-ZIP	MEMPHIS TN	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, YOUNG W	
STREET ADDRESS	131A STONY CIRCLE #100	
CITY-ST-ZIP	SANTA ROSA CA	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LIGHTFOOT, MARK F	
STREET ADDRESS	880 RIDGE LAKE BLVD.	
CITY-ST-ZIP	MEMPHIS TN 38120	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	STERLING, HAROLD H III	
STREET ADDRESS	<del>643 DIANA</del>	
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 checked="" type="checkbox"/> Addition
1.2 NAME	Paul Ashton
1.3 STREET ADDRESS	211 Cross Street
1.4 CITY-ST-ZIP	HANOVER, MA 02329

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1190 Auburn Woods Dr.
5.4 CITY-ST-ZIP	Fisherville, TN 38017

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-98 9011766-1291

CR2E034 (10/97)