

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 # F95000005171

1. Corporation Name

HOME SHIELD INSURANCE AGENCY, INC.

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 014 ***600.00



Principal Place of Business 860 RIDGE LAKE BLVD MEMPHIS TN 38120 US	Mailing Address 860 RIDGE LAKE BLVD MEMPHIS TN 38120 US
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1995	4. FEI Number 94-2602888	Appied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Trust Fund Contribution	Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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.		(NOT: Registered Agent signature required when reinstating)	DATE	
12. OFFICERS AND DIRECTORS				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHTON, PAUL 211 CROSS STREET HANOVER MA 02339	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, GARY E 860 RIDGE LAKE BLVD MEMPHIS TN	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, YOUNG W 131A STONY CIRCLE #100 SANTA ROSA CA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHTFOOT, MARK F 860 RIDGE LAKE BLVD. MEMPHIS TN 38120	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STERLING, HAROLD H III 1192 AUBURN WOODS DR FISHERVILLE TN 38017	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2 or Block 13 if change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark F. Lightfoot

4-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

410512-40026-52
F95000005171

Rev. June 8, 1998

Annual Meeting Date
6/1/98 MEG

HOME SHIELD INSURANCE AGENCY, INC.

OFFICERS

Scott J. Cromie
President
860 Ridge Lake Blvd.
Memphis, TN 38120

Gary E. Johnson
Vice President
860 Ridge Lake Blvd.
Memphis, Tn 38120

Paul Ashton
Vice President
211 Cross Street
Hanover, MA 02339

Young W. Lee
Treasurer
131A Stony Circle #100
Santa Rosa, CA 95401

Mark F. Lightfoot
Secretary
860 Ridge Lake Blvd.
Memphis, TN 38120

Harold H. Sterling, III
Assistant Secretary
1192 Auburn Woods Drive
Fisherville, TN 38017

DIRECTOR

Scott J. Cromie
860 Ridge Lake Blvd.
Memphis, TN 38120