

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

FILED

**Mar 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002572 (3)

1. Corporation Name
MERRY MAIDS, INC.



Principal Place of Business 880 RIDGE LAKE BLVD., AL-1064 MEMPHIS TN 38120	Mailing Address 880 RIDGE LAKE BLVD., AL-1064 MEMPHIS TN 38120
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1996	
21	26	4. FEI Number 36-3590557		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		30. Country			

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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAKSON, MICHAEL M	1.2 NAME	Thomas W. Scherer
STREET ADDRESS	860 RIDGE LAKE BLVD.	1.3 STREET ADDRESS	860 Ridge Lake Blvd.
CITY-ST-ZIP	MEMPHIS TN 38120	1.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Asst. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MROZEK, ERNEST J.	2.2 NAME	Paul M. Jacobs
STREET ADDRESS	860 RIDGE LAKE BLVD.	2.3 STREET ADDRESS	One ServiceMaster Way
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	Downers Grove, IL 60515
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, DALE W	3.2 NAME	Vance A. Mehrens
STREET ADDRESS	22010 62ND STREET NW	3.3 STREET ADDRESS	860 Ridge Lake Blvd.
CITY-ST-ZIP	SUNBIRD MN 56289	3.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANO, LAWRENCE L III	4.2 NAME	Rod Roberts
STREET ADDRESS	860 RIDGE LAKE BLVD.	4.3 STREET ADDRESS	860 Ridge Lake Blvd.
CITY-ST-ZIP	MEMPHIS TN 38120	4.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SCHWERY, ROLAND	5.2 NAME	
STREET ADDRESS	11117 MILL VALLEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	5.4 CITY-ST-ZIP	
TITLE	AS, V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BLANTON, AMELIA N	6.2 NAME	
STREET ADDRESS	860 RIDGE LAKE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	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: *M. Isakson* Pres & COO 3/24/98 01-537-8160

CR2E034 (10/97)