

8-8-97 B 814 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 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 # F96000002832 (1)
 1. Corporation Name
SERVICEMASTER RESIDENTIAL/COMMERCIAL SERVICES MANAGEMENT CORPORATION



Principal Place of Business 860 RIDGE LAKE BLVD MEMPHIS TN 38120	Mailing Address 860 RIDGE LAKE BLVD MEMPHIS TN 38120
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3747475	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAKSON, MICHAEL M	1.2 NAME	
STREET ADDRESS	860 RIDGE LAKE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, ROBERT F	2.2 NAME	Ernest J. mrozek
STREET ADDRESS	860 RIDGE LAKE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLERTON, CHARLES A	3.2 NAME	Robert J. Groff
STREET ADDRESS	860 RIDGE LAKE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIAS, KEITH A	4.2 NAME	Thomas W. Scherer
STREET ADDRESS	860 RIDGE LAKE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJONG, ROBERT H	5.2 NAME	Amelia V. Blanton
STREET ADDRESS	860 RIDGE LAKE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJONG, ROBERT H	6.2 NAME	Douglas E. Pound
STREET ADDRESS	860 RIDGE LAKE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	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: *M. Isakson* 2/29/97

CF2E034 (4/97)