

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 08 1997 8:00am  
Secretary of State

DOCUMENT # F96000002832 (1)

1. Corporation Name

SERVICEMASTER RESIDENTIAL/COMMERCIAL SERVICES MA  
NAGEMENT CORPORATION

Principal Place of Business

880 RIDGE LAKE BLVD  
MEMPHIS TN 38120

Mailing Address

880 RIDGE LAKE BLVD  
MEMPHIS TN 38120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

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

4. FEI Number

36-3747475

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 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 P  
NAME ISAKSON, MICHAEL M  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

TITLE DV  
NAME KEITH, ROBERT F  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

TITLE V  
NAME FULLERTON, CHARLES A  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

TITLE V  
NAME MATIAS, KEITH A  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

TITLE VS  
NAME DEJONG, ROBERT H  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

TITLE VS  
NAME DEJONG, ROBERT H  
STREET ADDRESS 880 RIDGE LAKE BLVD  
CITY-ST-ZIP MEMPHIS TN 38120

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Vice President ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Secretary ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Vice President ☒ Change ☐ 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:

M. Isakson

7/29/97

CP2E034 (4/97)