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 # F97000001919

1. Corporation Name

AMERISPEC, INC.

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

04-26-1999 90026 014 ***600.00



Principal Place	e of Business	Mailing Address							
860 RIDGE LAK	E BLVD.	860 RIDGE LAKE BLVD.							
MEMPHIS TN 38120		MEMPHIS TN 38120			DO NOT WOLLS	LTUICC	DACE		
						DO NOT WRITE II	1 IHIS S	PACE	
						3. Date it corporated or Qualifed			Į
						04/14/1997			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		-	pplied For
21		26				33-0263867			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ı		Additional
22		27				S. Control of States Desired		Fee Ri	ec uired
City & State	e	City & State				6. Election Campaign Financing	ı	\$5.00	May Be
23						Trust Fund Contribution		Added	tc Fees
Zip	Cour try	Zip	Co	untry		8. This or reporation owes the current	ear ntar	ngible	
24	25	29	30			Persor al Property Tax.		☐ Yes]≰No
	9. Name and Address of Current		L, 1	Τ		10. Name and Address of New Regi	stered A	gent	
				81	Name				ļ
CT					to a /D O. D. Allerhay in Net Assentable				
1200	SOUTH PINE ISLAND ROAD			82	Street Acc	dress (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324			83	 				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			"					
				84	City		FI	85 Zip	Code
				l	l	rporation submits this statement for the purp			
office cro	egistered agent, or both, in the State c m familiar with, and accept the obligati	t Florida. Such change was a	utnorize	a by	the corporati	tion's board of cirectors. I hereby accept the	aproint	ment as re	eg stered
SIGNATURE							DATE		
	Signature, typed or printed na ne of registered agent				it signature requi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	OE:S IN 12
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	110 / 1112	Change	
TITLE			1.1 NAME					_ ,	_
NAME	ASCOLESE, RICHARD A								
STREET ADDRESS	860 RIDGE LAKE BLVD				TADDRESS				
CITY-ST-ZIP	MEMPHIS TN 38120		14 CITY-		T-ZIP .				
TITLE	SD	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	LIGHFOOT, MARK F		2.2 NAME						
STREET ADDRESS			2.3 5	2.3 STREET ADDRESS					
CITY-ST-ZIP	MEMPHIS TN 38120			2.4 CITY-ST-ZIP					
TITLE	TD			3 1 TITLE				Change	Addition
NAME	LEE. YOUNG W		3.2 NAME						
'	131A STONY CIRCLE D. #100		4		T ADDRESS				İ
STREET ADDRESS	, ,		3.4. CITY-						!
CITY-ST-ZIP	SANTA ROSA CA 95401	DELETE		TTLE)1-ZIF		——	☐ Change	Addition
TITLE	VC00								_
NAME	WADLINGTON, STEVE D			NAME					
STREET ADDRESS	860 RIDGE LAKE BLVD.		1		T ADDRESS				ļ
CITY-ST-ZIP	MEMPHIS TN 38120		4.4 CITY-		T-ZIP				T Addie
TITLE	V	☐ DELETE		TITLE				Change	Addition
NAME	DUNCAN, BRUCE T		5.2 NAME						
STREET ADDRESS	ONE SERVICEMASTER WAY		53 STRE		TADDRESS				
CITY-ST-ZIP	DOWNERS GROVE IL 60515		54 CITY-		T-ZIP				
TITLE		☐ DELETE	6.17	ITLE				☐ Change	☐ Addition
NAME			6.21	IAME					
STREET ADDRESS	<u> </u>		6.33	TREE	T ADDRESS				l
STREET ADDRESS	I .				I .				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fir 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 recuired 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, with all other like empowered.

SIGNATURE:

DO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99