

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **312156** (3)
1. Corporation Name
FACILITY SERVICES, INC.



Principal Place of Business: % JOHN J MERCURIO, CPA, 713 S ORANGE AVE, SARASOTA FL 34236-7717
Mailing Address: % JOHN J MERCURIO, CPA, 713 S ORANGE AVE, SARASOTA FL 34236-7717

3. Date Incorporated or Qualified: 12/28/1966
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-1166563
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**MERCURIO, JOHN
1713 S ORANGE AVE.
SARASOTA FL 33577**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
12.1 NAME: PD DICOSOLA, MARY JANE, 1960 HILLVIEW STREET, SARASOTA FL
12.2 NAME: D DICOSOLA, MICHAEL A, 1960 HILLVIEW STREET, SARASOTA FL
12.3 NAME: SD MERCURIO, JOHN, 713 S. ORANGE AVE., SARASOTA FL
12.4 NAME: _____
12.5 NAME: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME: _____
13.2 NAME: _____
13.3 NAME: _____
13.4 NAME: _____
13.5 NAME: _____
13.6 NAME: _____
13.7 NAME: _____
13.8 NAME: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), 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: *John J Mercurio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

953-4585
Display Phone #

CR2E034 (12/95)