

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 30 11 21 AM '95  
95 JUN 30 11 21 AM '95

DOCUMENT # **S13292 (5)**  
1. Corporation Name  
**FACILICORP, INC.**

Principal Place of Business: **2170 SUNNYDALE BLVD. SUITE X CLEARWATER FL 34625**  
Mailing Address: **2170 SUNNYDALE BLVD. SUITE X CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1990** 3a. Date of Last Report: **08/12/1994**  
4. FEI Number: **59-3176616** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes:  Yes  No

2. Previous Report Reference: **21 2165 SUNNYDALE BLVD. Suite, Apt. # etc**  
22 **SUITE C** City & State: **CLEARWATER FL**  
23 **34625** 25 **USA**  
26 **2165 Sunnydale Blvd.** 27 **Suite C**  
28 **Clearwater, FL**  
29 **34625** 30 **U.S.A.**

9. Name and Address of Current Registered Agent: **POLETZ, RANDY 255 SAGE ROAD CRYSTAL BEACH FL 34681**  
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: \_\_\_\_\_

11. I, the undersigned, the president or secretary of the corporation, certify that the above named corporation satisfies the statement by the president or secretary of the corporation as required by section 199.032 of the Statutes of Florida. The Secretary of State has approved the filing of this report as required by section 199.032 of the Statutes of Florida.

12. I, the undersigned, certify that the information requested with this filing is complete, correct and true to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. AUTHORIZED CHANGES TO OFFICERS AND DIRECTORS
NAME: <b>POLETZ, WM R.</b> STREET ADDRESS: <b>255 SAGE ROAD</b> CITY: <b>CRYSTAL BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information requested with this filing is complete, correct and true to the best of my knowledge and belief. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall cause this report to be filed with the Secretary of State of Florida. I understand the consequences of the provisions of Florida Statutes, section 199.032, and that my corporation agrees to file a report with the Secretary of State of Florida.

SIGNATURE: *[Signature]* **6/22/95 913 447 6112**  
DATE: \_\_\_\_\_