


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90114 039 \*\*\*150.00

0065369

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **673505**

1. Corporation Name  
**FACILITATORS, INC.**



Principal Place of Business <b>4520 NW 17TH PLACE GAINESVILLE FL 32605</b>	Mailing Address <b>4520 NW 17TH PLACE GAINESVILLE FL 32605</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1667 N.W. 19th Circle</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO Box 5082</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/13/1980</b>	
22 City & State <b>Gainesville, FL</b>		27 City & State <b>Gainesville, FL</b>		4. FEI Number <b>59-2023717</b> Applied For <input type="checkbox"/> Not Applicable	
23 Zip <b>32605</b>		28 Zip <b>32605</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FAST, GAIL MARLENE  
4520 N.W. 17TH PLACE  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1667 NW 19th Circle</b>
83	
84 City	<b>FL</b>
85 Zip Code	<b>32605</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAST, GAIL MARLENE</b>	1.2 NAME	
STREET ADDRESS	<b>4520 NW 17TH PLACE</b>	1.3 STREET ADDRESS	<b>1667 NW 19th Circle</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>32605</b>
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAST, THOMAS B</b>	2.2 NAME	
STREET ADDRESS	<b>4520 NW 17TH PLACE</b>	2.3 STREET ADDRESS	<b>1667 NW 19th Circle</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>32605</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Gail Marlene Fast* **Gail Marlene Fast**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-99 (352) 378-6463**

Date

Daytime Phone #

CR2E034 (11/98)