

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 # **F94000005919 (5)**

1. Corporation Name

FACILITIES CORPORATION OF AMERICA



Principal Place of Business

**450 AIRPORT ROAD, P.O. BOX 1928
MOUNT AIRY NC 27030**

Mailing Address

**450 AIRPORT ROAD, P.O. BOX 1928
MOUNT AIRY NC 27030**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/16/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

56-1485795

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 of the person who is authorized to execute this report on behalf of the corporation (if not the registered agent, signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PDT	☐ DELETE
2. NAME	VENABLE, MONTY K	
3. STREET ADDRESS	450 AIRPORT ROAD	
4. CITY-STATE-ZIP	MOUNT AIRY NC	
5. TITLE	VD	☐ DELETE
6. NAME	VAUGHN, C R	
7. STREET ADDRESS	450 AIRPORT ROAD	
8. CITY-STATE-ZIP	MOUNT AIRY NC	
9. TITLE	S	☐ DELETE
10. NAME	DAVIS, FARAH S	
11. STREET ADDRESS	450 AIRPORT ROAD	
12. CITY-STATE-ZIP	MOUNT AIRY NC	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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(3)(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: **Monty K. Venable**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

910/786-1356

FILE

Daytime Phone #

CR2E034 (12/95)