SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G37375** **(4)**

1. Corporation Name

FACILITY MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
3123 W. COLONIAL DRIVE P.O. BOX 536176 ORLANDO FL 32853-3176	3123 W. COLONIAL DRIVE P.O. BOX 536176 ORLANDO FL 32853-3176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 402 S. North Lake Blvd.
Suite, Apt. #, etc.
22 Suite 1004
City & State
23 Altamonte Springs, FL
Zip 24 32701 Country 25 USA

2a. Mailing Address
26 402 S. North Lake Blvd.
Suite, Apt. #, etc.
27 Suite 1004
City & State
28 Altamonte Springs, FL
Zip 29 32701 Country 30 USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WAYSON, DUAKE
402 S NOUTULAKE BLVD
SUITE 1004
ALTAMOUT SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Wayson, Drake
82 Street Address (P.O. Box Number is Not Acceptable): 402 S. North Lake Blvd., Suite 1004
83
84 City: Altamonte Springs, FL 85 Zip Code: 32701

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WAYSON, GEORGE	1.2 NAME	
STREET ADDRESS	470 MANOR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND,F L 00000	1.4 CITY-ST-ZIP	
TITLE	DSTV	2.1 TITLE	☐ Change ☐ Addition
NAME	WAYSON, JAYNE D.	2.2 NAME	
STREET ADDRESS	470 MANOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	WAYSON, DRAKE W.	3.2 NAME	
STREET ADDRESS	450 MANOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 added on an attachment with an address.

SIGNATURE: BY: _____ President 6/30/95 SA 7-260-55 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0139053 FP