

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # P94000078849 (4)

1. Corporation Name

FACILITIES CORPORATION OF AMERICA - FLORIDA DIVISION

Principal Place of Business

106 DIXIE LANE  
COCOA BEACH FL 32931

Mailing Address

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXX~~

SAME AS BUSINESS  
ADDRESS

3. Date Incorporated or Qualified  
10/26/1994

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

106 DIXIE LANE

Suite, Apt. #, etc.

22

City & State

27

CITY & STATE  
COCOA BEACH, FL

23

Zip

Country

29

32931

Country

30 US

4. FEI Number  
59-3282876

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

10. Name and Address of New Registered Agent

~~CORPORATION INFORMATION SERVICES, INC.~~  
~~1211 HAYS STREET~~  
~~TALLAHASSEE, FL 32310~~

81

Name

ROGER SEVIGNY

82

Street Address (P.O. Box Number is Not Acceptable)

106 DIXIE LANE

83

84

City

COCOA BEACH

FL

85 Zip Code  
32931

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.1505, Florida Statutes.

SIGNATURE

*Roger A. Sevigny*

ROGER A. SEVIGNY, PRESIDENT

4/11/96

Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
VENABLE, MONTY K  
450 AIRPORT ROAD P.O. BOX 1928  
MT. AIRY NC

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
VAUGHN, C. RICHARD  
450 AIRPORT ROAD P.O. BOX 1928  
MT AIRY NC

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
ZOTIAN, EDWARD V.  
450 AIRPORT ROAD P.O. BOX 1928  
MT. AIRY NC

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
ALLEN, JOHN M  
106 DIXIE LANE  
COCOA BEACH FL 32931

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
SEVIGNY, ROGER A  
106 DIXIE LANE  
COCOA BEACH FL 32931

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*John M. Allen*

JOHN M. ALLEN, SECRETARY

4/11/96

(407) 799-9161

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)