

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 411460 (9)
 1. Corporation Name
ORANGE PARK (FLA.) FOOTACTION, INC.



Principal Place of Business 1910 WELLS RD STE D-18 ORANGE PARK FL 32073 US	Mailing Address ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE, STE 100 IRVING TX 75063 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 10/26/1972	
4. FEI Number 04-2508086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYES STREET
 SUITE 105
 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	85 Zip Code

FL

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 of applicable (NOT Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SR. VP
NAME	PARKS, RALPH T.	1.2 NAME	DONALD V. ROACH
STREET ADDRESS	7880 BENT BRANCH DR #100	1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	SVP	2.1 TITLE	ASST. SECRETARY
NAME	ALBERT, CHARLES M.	2.2 NAME	NANCY W. WINTON
STREET ADDRESS	7880 BENT BRANCH DR #100	2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	S	3.1 TITLE	
NAME	MAYER, MARK W	3.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DR #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PARKS, RALPH T	4.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DR #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ALBERT, CHARLES M.	5.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DR #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	00000242434
NAME		6.2 NAME	-02/09/98-01003-015
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
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.

CR2E034 (10/97)

Handwritten signature/initials