

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

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0542027

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 411460**  
 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/26/1972	4. FEI Number 04-2508086	Applied For Not Applicable
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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 the current year Intangible Personal Property Tax. <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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKS, RALPH T.</b>	1.2 NAME	
STREET ADDRESS	<b>7880 BENT BRANCH DR #100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, CHARLES M.</b>	2.2 NAME	
STREET ADDRESS	<b>7880 BENT BRANCH DR #100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MAVER, MARK W</del>	3.2 NAME	<b>NANCY L. WINTON</b>
STREET ADDRESS	<b>7880 BENT BRANCH DR #100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKS, RALPH T</b>	4.2 NAME	
STREET ADDRESS	<b>7880 BENT BRANCH DR #100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, CHARLES M.</b>	5.2 NAME	
STREET ADDRESS	<b>7880 BENT BRANCH DR #100</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SRVP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROACH, DONALD V</b>	6.2 NAME	
STREET ADDRESS	<b>7880 BENT BRANCH DR. #100</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	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: **NANCY L. WINTON** *[Signature]* 1-22-99 972-501-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)