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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 680785

(3)

REGENCY SQUARE FOOTACTION, INC.

FILED
Feb 06 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			DO NOT WRITE IN THIS SPACE			
9501 ARLINGTON EXPY #140 W JACKSONVILLE FL 32225		ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE. SUITE 100 IRVING TX 75063							
enolito in it.	a. Te seees	WHITE IN 15000				Date Incorporated or Qualified 08/04/1980	AOL		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	·	26				04-2707538		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current			
24	25	29 3	30				Yes	□ No	
	9. Name and Address of Current	10. Name and Address of New Registered Ag	ent						
	ITED STATES CORPORATION CO	MPANY	8	' '	Name				
	1 HAYS STREET		82 Street Ad			ss (P.O. Box Number is Not Acceptable)			
	ITE 105								
TAL	LAHASSEE FL 32301		8:	3					
			8	4 1	City	FL	85 Z	ip 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, typed or printed name of registered agent	and tile of any leading this It	Contest and A			d whon reinstating) DATE			
12,	OFFICERS AND		13.	Jenn :	signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		-		Chang		
NAME	PARKS, RALPH T.		1.2 NAME			_	3 •		
STREET ADDRESS	7880 BENT BRANCH DR #100		1.3 STREE		onat ee			l	
CITY-ST-ZIP	IRVING TX		1.4 CITY-		·				
TITLE	SVPO	DELETE	2.1 HTLE	21.1	ZIF		Chang	e 🔲 Addition	
NAME	ALBERT, CHARLES M) Oncorg	C	
STREET ADDRESS	7880 BENT BRANCH DR #100		2.2 NAME		open.				
	IRVING TX		2.3 STREE						
CITY-ST-ZIP TITLE	\$	☐ DELETE	2. 4 CITY	S1-	ZIP		Chana	n T Addition	
NAME	MAYER, MARK W.	ii bidit	3.1 TITLE			' L] Change	e 🔲 Addition	
1	7880 BENT BRANCH DR #100		32 NAME						
STREET ADDRESS	IRVING TX		33 STREE					1	
CITY-ST-ZIP TITLE	T T	DELETE	3 4. CITY	SI	7/	· N	Change	e 🔲 Addition	
	GREER, HOMER L	בין מנדנונ	4.1 TITLE			NALD V. RONAH "	, change	e LT VOUNDOU	
NAME DEPERT ARRESTS	7880 BENT-BRANCH DR #100		4. 2 NAME		DO	so beat branch dr. #100			
STREET ADDRESS	IRVING FL		4.3 STREE						
C/TY-ST-ZIP	MITRIO FL	Donete	4.4 CITY -	\$1-Z		IING, TX 75063	1 0000		
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NAME			5.2 NAME		NA	NCY L-WINTON			
STREET ADDRESS			5.3 STREF	T AD!	ORESS 792	30 BENT BRANCH DR. 4100	\$		
CITY-S1-ZIP			5.4 CITY-	S1 - Z		VING. TX 75063			
TITLE		☐ DELETE	6 1 TITLE		}	· L	Change	Addition	
NAME			62 NAME					ŀ	
STREET ADDRESS			6.3 STREE	i adi	DRESS				
f									

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 logal 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