

445

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

03-01-1999 90006 045 \*\*\*150.00

0542002

DOCUMENT # F62659

1. Corporation Name

GOVERNOR'S SQUARE FOOTACTION, INC.



Principal Place of Business

GOVERNORS SQUARE MALL  
1055  
TALLAHASSEE FL 32301  
US

Mailing Address

7880 BENT BRANCH DR  
100  
IRVING TX 75863  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

Country

3. Date Incorporated or Qualified

01/12/1982

4. FEI Number

04-2761257

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
PARKS, RALPH T  
STREET ADDRESS 7880 BENT BRANCH DR 100  
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ DELETE

NAME VD  
ALBERT, CHARLES  
STREET ADDRESS 7880 BENT BRANCH DR 100  
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ DELETE

NAME S  
MAYER, MARK W  
STREET ADDRESS 7880 BENT BRANCH DR 100  
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ DELETE

NAME AS  
WINTON, NANCY L  
STREET ADDRESS 7880 BENT BRANCH DR 100  
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ DELETE

NAME VD  
DONALD V. ROACH  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING, TX 75063

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NANCY L. WINTON

VIRRI RODRIGUEZ

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

972-501-5000

Daytime Phone #

CR2E034 (1/98)