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04-06-1999 90018 029 ****61.25

0039487

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006067

1. Corporation Name

THE FOOT SOLDIERS, INC.

Principal Place of Business

3001 S.W. 64TH TERRACE
MIRAMAR FL 33023

Mailing Address

PO BOX 472052
MIAMI FL 33147
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

65-0717795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESESNE, TONY C
3001 S.W. 64TH TERRACE
MIRAMAR FL 33023

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Tony C. Lesesne
(NOTE: Registered Agent signature required when reinstating)

3/17/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
LESESNE, TONY C
STREET ADDRESS
3001 S.W. 64TH TERRACE
CITY-ST-ZIP
MIRAMAR FL 33023

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
HESTER, BILLY
STREET ADDRESS
2343 NW 52 ST
CITY-ST-ZIP
MIRAMAR FL 33142

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
LESESNE, GLENDA WOOD
STREET ADDRESS
3001 S.W. 64TH TERRACE
CITY-ST-ZIP
MIRAMAR FL 33023

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
HICKS, KEVIN
STREET ADDRESS
15143 N3 6TH AVE
CITY-ST-ZIP
MIRAMAR FL 33162

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SWABY, MICHELLE
STREET ADDRESS
8720 SHERMAN CIR., #101
CITY-ST-ZIP
MIRAMAR FL 33023

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 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 617, 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:

GLENDA WOOD LESESNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 (954) 963-5964
Date Daytime Phone #

CR2F037 (4/1/98)