

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000067230 (0)

1. Corporation Name

SARASOTA SQUARE FOOTACTION, INC.



Principal Place of Business

8201 S. TAMiami TR  
ONE THEALL RD.  
SARASOTA FL 34238  
US

Mailing Address

3940 PIPESTONE RD  
ONE THEALL RD.  
DALLAS TX 75212  
US

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0526908

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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 with state tax identifier

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P                 | <input type="checkbox"/> DELETE            |
| NAME           | PARKS, RALPH T    |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |
| TITLE          | V                 | <input type="checkbox"/> DELETE            |
| NAME           | ALBERT, CHARLES M |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |
| TITLE          | VCFO              | <input type="checkbox"/> DELETE            |
| NAME           | ROACH, DONALD V   |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |
| TITLE          | S                 | <input type="checkbox"/> DELETE            |
| NAME           | MAYER, MARK W     |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |
| TITLE          | AS                | <input checked="" type="checkbox"/> DELETE |
| NAME           | AVILES, MICHAEL A |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |
| TITLE          | S                 | <input type="checkbox"/> DELETE            |
| NAME           | PARKS, RALPH T    |  |
| STREET ADDRESS | 3940 PIPESTONE RD |  |
| CITY-STATE-ZIP | DALLAS TX         |  |

|                    |                    |  |
|--------------------|--------------------|--|
| 1. TITLE           | DIRECTOR           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME            | MICHAEL R. BRENNAN |  |
| 3. STREET ADDRESS  | ONE THEALL ROAD    |  |
| 4. CITY-STATE-ZIP  | RYE, NY 10580      |  |
| 5. TITLE           |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                    |  |
| 7. STREET ADDRESS  |                    |  |
| 8. CITY-STATE-ZIP  |                    |  |
| 9. TITLE           |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                    |  |
| 11. STREET ADDRESS |                    |  |
| 12. CITY-STATE-ZIP |                    |  |
| 13. TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                    |  |
| 15. STREET ADDRESS |                    |  |
| 16. CITY-STATE-ZIP |                    |  |
| 17. TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                    |  |
| 19. STREET ADDRESS |                    |  |
| 20. CITY-STATE-ZIP |                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Mark W. Mayer*

MARK W. MAYER

2-8-96

214-634-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)