

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

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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000051061 (6)

1. Corporation Name  
OCALA FOOTACTION, INC.

Principal Place of Business  
3100 SW COLLEGE RD  
OCALA FL 34474

Mailing Address  
ATTN: TAX DEPARTMENT  
7880 BENT BRANCH DRIVE, SUITE 100  
IRVING TX 75063-6046



2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3329000

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
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 and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-STATE-ZIP	DALLAS TX 75212	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-STATE-ZIP	DALLAS TX 75212	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, DONALD V	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-STATE-ZIP	DALLAS TX 75212	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-STATE-ZIP	DALLAS TX 75212	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	AVILES, MICHAEL A	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-STATE-ZIP	DALLAS TX 75212	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, MICHAEL R	
STREET ADDRESS	ONE McALL RD RD	
CITY-STATE-ZIP	RYE NY 10580	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY-STATE-ZIP	IRVING, TX 75063	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY-STATE-ZIP	IRVING, TX 75063	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOMER W. GREER	
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
3.4 CITY-STATE-ZIP	IRVING, TX 75063	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
4.4 CITY-STATE-ZIP	IRVING, TX 75063	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER 2-17-97 912-501-5000

Date

Daytime Phone

0484216

CR2E034 (9/96)