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354

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051061

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

59-3329000

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

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

TITLE **VD** ☐ DELETE

NAME **ALBERT, CHARLES M**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX**

TITLE **TD** ☐ DELETE

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

TITLE **S** ☐ DELETE

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

TITLE **AS** ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

1-22-99

912-504-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)