

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

KL-376

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 # P96000027341 (2)

1. Corporation Name
EAGLE RIDGE FOOTACTION, INC.



Principal Place of Business

ONE THEALL ROAD
RYE NY 10580

Mailing Address

ONE THEALL ROAD
RYE NY 10580-1404

3. Date Incorporated or Qualified
03/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 EAGLE RIDGE MALL

Suite, Apt. #, etc.

22 725 EAGLE RIDGE DR. #308

City & State

23 LAKE WALES, FL

Zip

Country

24 33853

25 USA

2a. Mailing Address

26 7880 BENT BRANCH DR.

Suite, Apt. #, etc.

27 #100

City & State

28 IRVING, TX

Zip

Country

29 75063

30 USA

4. FEI Number

59-3382393

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
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
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME RALPH T. PARKS
1.3 STREET ADDRESS 7880 BENT BRANCH DR. #100
1.4 CITY - ST - ZIP IRVING, TX 75063

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME CHARLES M. ALBERT
2.3 STREET ADDRESS 7880 BENT BRANCH DR. #100
2.4 CITY - ST - ZIP IRVING, TX 75063

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME HOMER W. GREER
3.3 STREET ADDRESS 7880 BENT BRANCH DR. #100
3.4 CITY - ST - ZIP IRVING, TX 75063

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME MARK W. MAYER
4.3 STREET ADDRESS 7880 BENT BRANCH DR. #100
4.4 CITY - ST - ZIP IRVING, TX 75063

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

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 for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER

2-18-97 972-501-5000

Date

Daytime Phone #

CR2E034 (9/96)