


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033991 (6)**

1. Corporation Name
WEST OAKS FOOTACTION, INC.



Principal Place of Business WEST OAK MALL RT 50 & CLARK ST ORLANDO FL 34741 US	Mailing Address 7880 BENT BRANCH DR #100 IRVING TX 75063 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number

59-3397793

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST
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	PD	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREER, HOMER L	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	NANCY L. WINTON	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

NANCY L. WINTON

1-30-98

970-501-5000

CR2E034 (10/97)