Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90074 047 ***150.00

Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044700

Principal Place of Business

TAMPA BAY FOOTACTION, INC.

TAMPA BAY CTR 3302 W MARTIN LUTHER KING BLVD TAMPA FL 33607 US		7880 BENT BRANCH DR #100 IRVING TX 75063 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/24/1996			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26			59-3383222		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27					quired
City & State		City & State			6. Election Campaign Financing	\$5.00 Added t	
23	Country 7in		Country		Trust Fund Contribution		o rees
Zip	Country	¬ '			This corporation owes the current year In Personal Property Tax.	Trangible ☐ Yes	□No
24	9. Name and Address of Current I				10. Name and Address of New Registered		
	5. Haine and Address of Continu	togistarea rigorit	81	Name			
UNIT	ED STATES CORPORATION COM	PANY		C1 A	Address (D.O. Bass Number in Not Aggentable)		
1201	HAYS STREET		82	Street A	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83				
			-	Oit.		85 Zip (Code
			84	City	Fl	_ 83 Zip \	3000
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida, Such change was au	inorizea ov	tne corpo	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appora-	if changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annicable (NOTE: I	Registered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PARKS, RALPH T.		1.2 NAME				
STREET ADDRESS	7880 BENT BRANCH DR #100		13 STREE	T ADDRESS			
CITY-ST-ZIP	IRVING TX		1.4 CITY-5	T-ZIP			
TITLE	VD	☐ DELETE 2.1				Change	Addition
NAME	ALBERT, CHARLES M.		2.2 NAME				
STREET ADORESS	7880 BENT BRANCH DR #100		1	TADDRESS		,	
CITY-ST-ZIP	IRVING TX		2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	TD	☐ DELETE	3.1 TITLE			Change	C Variation
NAME	ROACH, DONALD V		3.2 NAME				
STREET ADDRESS	7880 BENT BRANCH DR. #100			TADDRESS			
CITY-ST-ZIP	IRVING TX 75063	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change	Addition
TITLE	S NAMED TO THE SAME		4.1 TITLE 4.2 NAME		NANCY 6- WINTON	<i>-</i>	
NAME	MAYER, MATIK W.			- 1	William Charles		
STREET ADDRESS	7880 BENT BRANCH DR #100 IRVING TX			T ADDRESS			İ
CITY-ST-ZIP TITLE	AS	☐ DELETE	4.4 CITY-S 5.1 TITLE	11-ZIP		Change	Addition
NAME	WINTON, NANCY E	15	5.2 NAME		VIKKI RODRIGUEZ	- t	_
STREET ADDRESS	7880 BENT BRANCH DR #100		5.3 STREE	TADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	IRVING TX 75063		5.4 CITY-5	- 1			
TITLE	***************************************	☐ DELETE	6.1 TITLE	1		Change	☐ Addition
NAME			6.2 NAME		·		İ

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS