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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 556459

(6)

1. Corporation Name

STEPPE OFFICE SUPPLY, INC.

Principal Place of Business

300 N AMELIA AVE
DELAND FL 32724

Mailing Address

300 N AMELIA AVE
DELAND FL 32724



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STEPPE, JAMES L.
300 N. AMELIA AVE
DELAND FL

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 607.0532 and 607.1503, 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 607.0535, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to change registered office or agent

Date of change of registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	STEPPE, JAMES L.	300 N. AMELIA AVE	DELAND FL	☐
V	STEPPE, DAVID S.	300 N. AMELIA AVE	DELAND FL	☐
STD	STEPPE, BERTHA F.	300 N. AMELIA AVE	DELAND FL	☐
				☐
				☐
				☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

DAVID S. STEPP

3/1/96 (904) 736-3205

CR2E034 (12/95)