

FOR 1997 & 1998  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **731978** (3)  
1. Corporation Name  
**FIRST STEP, INC. OF POLK COUNTY**

|                                                                         |                                                                  |
|-------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>870 E MAIN ST<br/>BARTOW FL 33830</b> | Mailing Address<br><b>970 E MAIN ST<br/>BARTOW FL 33830-4805</b> |
|-------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                                                                                               |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>200 N. KENTUCKY AVE</b><br>Suite, Apt. #, etc.<br>22 <b>Box 5</b><br>City & State<br>23 <b>LAKELAND, FL</b><br>Zip<br>24 <b>33801</b> | 2a. Mailing Address<br>26 <b>200 N. KENTUCKY AVE</b><br>Suite, Apt. #, etc.<br>27 <b>Box 5</b><br>City & State<br>28 <b>LAKELAND, FL</b><br>Zip<br>29 <b>33801</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/25/1975</b> | 3a. Date of Last Report<br><b>04/04/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1628244</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                 |                                    |
|---------------------------------------------------------------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---------------------------------------------------------------------------------|------------------------------------|

|                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent  
**HANSEN, RICHARD H.  
8125 CRYSTAL GROVE DR  
LAKELAND FL 33801**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard H. Hansen* DATE **4-21-98**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                           |
|----------------------------|-------------------------------------------|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>KRIPLEAN, JOHN C.</b>                  |
| STREET ADDRESS             | <b>8730 CARRIAGE LN</b>                   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                        |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>RUSTER, WILLIAM J</b>                  |
| STREET ADDRESS             | <b>835 BEAR CREEK DR.</b>                 |
| CITY-ST-ZIP                | <b>BARTOW FL</b>                          |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>HANSEN, RICHARD H</b>                  |
| STREET ADDRESS             | <b>2125 CRYSTAL GROVE DR</b>              |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>ANDERSON, PATRIC PHD</b>               |
| STREET ADDRESS             | <b>FLORIDA SOUTHERN COLLEGE</b>           |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>BURNETTE, RICHARD R</b>                |
| STREET ADDRESS             | <b>FLORIDA SOUTHERN COLLEGE</b>           |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>HILL, JERRY P, STATE ATT</b>           |
| STREET ADDRESS             | <b>255 N BROADWAY</b>                     |
| CITY-ST-ZIP                | <b>BARTOW FL</b>                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>700002571877-0</b>                                             |
| 1.3 STREET ADDRESS                                    | <b>-06/24/98-01077-024</b>                                        |
| 1.4 CITY-ST-ZIP                                       | <b>****297.50 ****297.50</b>                                      |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>REINSTATEMENT 92-98</b>                                        |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input 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                                              | <b>B 6/22</b>                                                     |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CP2E037 (9/96)