

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN -8 AM 9:52

**DOCUMENT # F94000002733 (3)**

1. Corporation Name

**GREGORY STEPP COMPANY**

Principal Place of Business

420 CHICOPEE CT.  
JACKSONVILLE FL 32259

Mailing Address

420 CHICOPEE CT.  
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

58-2040806

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPP, GREGORY  
420 CHICOPEE CT.  
JACKSONVILLE FL 32259

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDC

1 1 TITLE

Change  Addition

NAME

STEPP, GREGORY

1 2 NAME

STREET ADDRESS

420 CHICOPEE CT.

1 3 STREET ADDRESS

CITY - ST - ZIP

JACKSONVILLE FL 32259

1 4 CITY - ST - ZIP

TITLE

2 1 TITLE

Change  Addition

NAME

2 2 NAME

STREET ADDRESS

2 3 STREET ADDRESS

CITY - ST - ZIP

2 4 CITY - ST - ZIP

TITLE

3 1 TITLE

Change  Addition

NAME

3 2 NAME

STREET ADDRESS

3 3 STREET ADDRESS

CITY - ST - ZIP

3 4 CITY - ST - ZIP

TITLE

4 1 TITLE

Change  Addition

NAME

4 2 NAME

STREET ADDRESS

4 3 STREET ADDRESS

CITY - ST - ZIP

4 4 CITY - ST - ZIP

TITLE

5 1 TITLE

Change  Addition

NAME

5 2 NAME

STREET ADDRESS

5 3 STREET ADDRESS

CITY - ST - ZIP

5 4 CITY - ST - ZIP

TITLE

6 1 TITLE

Change  Addition

NAME

6 2 NAME

STREET ADDRESS

6 3 STREET ADDRESS

CITY - ST - ZIP

6 4 CITY - ST - ZIP

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 110.07(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature/Type #)

*Gregory Stepp*  
**GREGORY STEPP**

6-01-95

904-287-3302