

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90033 018 ***150.00

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1. Entity Name

STEPP'S TOWING SERVICE LAKELAND, INC.



Principal Place of Business

2000 US MEMORIAL BLVD
LAKELAND FL 33815

Mailing Address

9602 E. U.S. HWY. 92
TAMPA FL 33610

94047634



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2912056**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEPP, JAMES E
9602 E HWY 92
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME STEPP, JAMES
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

TITLE DVT ☐ Delete
NAME STEPP, JUDITH
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME STEPP, RANDY J.
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME ROBERTS, SUE
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME STEPP, TODD E.
STREET ADDRESS 9602 E. U.S. HWY 92
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-04