

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000058789 (6)**

1. Corporation Name

**STEP II, INC.**

Principal Place of Business

13711 MARTIN LUTHER KING BLVD.  
ALACHUA FL 32615  
US

Mailing Address

P.O. BOX 369  
ALACHUA FL 32615  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13705 Martin Luther		26 P. O. Box 369		08/08/1994		05/01/1995	
Suite, Apt. #, etc. King Blvd.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3266639		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	
23 Alachua, FL		28 Alachua, FL		6. Election Campaign Financing		□ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		□	
24 32615		25 Alachua		29 32616		30 Alachua	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTHSTEIN, PAUL S 626 NE 1ST ST. GAINESVILLE FL 32601				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2830 N. W. 41st Street			
				Suite I			
83				84 City			
				Gainesville FL			
				85 Zip Code			
				32606			

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

*Barbara A. Burkett*

Barbara A. Burkett, Esq. 4/25/96

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRUITT, MICHAEL L.	1.2 NAME	Larkins, Sandra
STREET ADDRESS	805 S.W. 23RD AVENUE	1.3 STREET ADDRESS	805 S.W. 23rd Avenue
CITY-ST-ZIP	HIGH SPRINGS FL	1.4 CITY-ST-ZIP	High Springs, FL 32643
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORD, TOMMY A.	2.2 NAME	Cembruch, Frank J., Sr.
STREET ADDRESS	RT. 1 BOX 66-D	2.3 STREET ADDRESS	Rural Rt. 1, Box 3225
CITY-ST-ZIP	BROOKER FL	2.4 CITY-ST-ZIP	Ft. White, FL 32038
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMONS, DONALD R.	3.2 NAME	Cembruch, Linda
STREET ADDRESS	RT. 2 BOX 152	3.3 STREET ADDRESS	Rural Rt. 1, Box 3225
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	Ft. White, FL 32038
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMONS, MARTHA I.	4.2 NAME	Gary Lynne
STREET ADDRESS	RT. 2 BOX 152	4.3 STREET ADDRESS	9000 S. 55th Street
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	Lincoln, NE 68516
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORD, ELLEN F.	5.2 NAME	Judy Lynne
STREET ADDRESS	RT. 1, BOX 66-D	5.3 STREET ADDRESS	9000 S. 55th Street
CITY-ST-ZIP	BROOKER FL	5.4 CITY-ST-ZIP	Lincoln, NE 68516
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, CLARENCE O. JR	6.2 NAME	
STREET ADDRESS	RT. 3, BOX 44	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	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 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:

*Ellen F. Lord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen F. Lord, Secty.

4/25/96

(352)485-2751

Date

Daytime Phone #

CR2E034 (12/95)