## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P94000058789**1. Corporation Name

STEP II, INC.

Suite, Apl. Fi, etc.    Suite, Apl. Fi, etc.   Suite, Apl. Fi, etc.   27   27   27   27   27   27   28   28									
ALACHUA FL 2815 US  US  US  S  ACHIOLAP FL 2816 US  A Principal Place of Business  Za. Mailling Address  Za. Mailling Address  Za. Mailling Address  Za. Mailling Address  A. FEI Number  Za. Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Zi  Sulte, Apt. #, etc.  Zi  City & State	Principal Place of Business Mailing Address							{B	
ALACHUA FL 28515 US  US  1. Date Incorporated or Cusalferel 3. Date Incorporated or Cu	13705 MARTIN LUTHER KING BLVD PO BOX 369								
2. Principal Place of Business   2a. Mailing Address   4. FEI Numbur   Applied For   Not Applicable   Sulte, Apt. #, etc.   Sulte,						•	DO NOT WRITE IN THIS SPACE		
Principal Place of Business   2a. Mailing Address   4. Fit Number   Applied For   12   29   32   5. Certificate of Status Desired   59-3266639   Not Applicable   No	US		US						
2. Principal Place of Business   2a. Malifing Address   5   50   326   50   50   50   50   50   50   50   5							· · · · · · · · · · · · · · · · · · ·	}-	
Suite, Apt. #, etc.    20	2. Principal Place of Business 2a. Mailing Address							oplied For	
Suite, Apl. Fi, etc.    Suite, Apl. Fi, etc.   Suite, Apl. Fi, etc.   27   27   27   27   27   27   28   28							59-3266639 N	ot Applicable	
City & State  Country  City & State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  Country  City & State  City & State  Country  City & State  City & State  City & State  Country  City & City  City & State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  City & State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  City & State  City & State  Cit							5 Cartificate of Status Decired  \$8.75		
Zip	27						5. Certificate of Status Desired Fee R	equired	
This Fund Contribution   Added to Fees	City & State	e	City & State	City & State					
BURKETT, BARBARA A ESQ 2830 NW, 41ST ST SUITE I GAINESVILLE F1, 32606  10. Name and Address of Current Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Surveit Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,602 and 607,1508, Floridas Statutes, the above-a-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes, the above-a-amend corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes, the above-a-amend corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes, the above-a-amend corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes, the above-a-amend corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes, the above-a-amend corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of , Section 607,0503, Floridas Statutes.  SIGNATURE  90	<u> </u>						Trust Fund Contribution Added	to Fees	
S. Name and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607 6502 and 697 1598, Floridas Statutes, the above—named corporation submits this statement for the purpose of changing its registered defice or registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Floridas Statutes, the above—named corporation submits this statement for the purpose of changing its registered defice or registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Floridas Statutes.  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  FL  87 STREET ADDRESS (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607 6505, include Statutes  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acce	Zip				ntry		· · · · · · · · · · · · · · · · · · ·	□No.	
BURKETT, BARBARA A ESQ 2830 NW, 41ST ST SUITE I GANNESVILLE FL 32606  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advo-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the object of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the object of the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, the object of the purpose of the purpose of the appointment as registered agent. I am familiar with, and accept the obligations of the purpose of the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, an	24		<del></del>	30	<del></del>		t didditat i repairty taxi		
BURKETT, BARBARA A ESQ 2830 NW 41ST ST. SUITE I  GAINESVILLE FI, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, Nymotic fluxing of imprised fluxing of imprised fluxing agent and site if septicate.  (MCIE: Registered Agent segretaring required when remissions)  DATE  12. OFFICERS AND DIRECTORS IN 12  12. NAME  PRUITT, MICHAEL L.  805 S.W. 23RD AVENUE  13 STREET ADDRESS  CITY-ST-2P  LORD, TOMMY A.  22 NAME  14 CITY-ST-2P  LORD, TOMMY A.  22 NAME  33 STREET ADDRESS  RT. 1 BOX 66-D  23 STREET ADDRESS  RT. 2 BOX 152  ALACHUA FL  10 DELETE  41 TITLE  10 CleMONS, MARTHA I.  RT. 2 BOX 152  ALACHUA FL  35 STREET ADDRESS  CITY-ST-2P  LORD, Change  Addition  Addition  Addition  CLEMONS, MARTHA I.  RT. 2 BOX 152  ALACHUA FL  35 STREET ADDRESS  CT. 35 STREET ADDRE		<del></del>	nt Registered Agent		81	Name			
2830 NW 11ST ST SUITE I GANESVILLE FI, 32606  44 City FL  45 City FL  53  64 City FL  65 City FL  65 City FL  65 City FL  66 City FL  67 City FL  68 C	RITE								
SUITE   GAINESVILLE FL 32606  84 City FL 85 Zip Code  11. Pursuant to the purpose of Carbina 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TITLE   PRUITT, MICHAEL L  14. STREET ADDRESS   1.1 TITLE   Change   Addition    15. STREET ADDRESS   1.2 TITLE   Change   Addition    16. TITLE   VP   DELETE   1.1 TITLE   Change   Addition    17. TITLE   VP   DELETE   1.1 TITLE   Change   Addition    18. STREET ADDRESS   1.2 TITLE   Change   Addition    19. SUMME   ADDRESS   1.3 TITLE   Change   Addition    19. STREET ADDRESS   1.3 TITLE   Change					82	Street A	Street Address (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32606  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 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, and familiar with, and accept the obligations of, Section 607.050S, Florida Statutes.  Figure 10					83				
11. Pursuant to the provisions of Sections 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the exponitiviment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Comparison of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the exponitiviment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE   Comparison of Sections 607,0502, Indicated Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE   Comparison of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE   Comparison of Compar									
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 appainment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appainment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appainment as registered agent, or both, in the State of Florida. Such change is agent and tile if applicable.    Interest addition   Interest	<b>3</b> 111				84	City	FI  85  Zip	Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In ereby accept the appointment as registrate agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In refer agent. In a familiar with, and accept the obligations of, Section 607.0505, Florida. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD PRUITT, MICHAEL L.  12. NAME  PRUITT, MICHAEL L.  13. STREET ADDRESS  CITY-ST-ZIP  HIGH SPRINGS FL  14. CITY-ST-ZIP  HIGH SPRINGS FL  15. TITLE  10. Change Addition  A	44 December to the provisions of Continue CO7 0502 and 607 1508 Florida Statutos					-named o	corporation submits this statement for the purpose of changing its	registered	
SIGNATURE   Signature, typed or priorize name of registered agent and title of agelication.   (NOTE: Registered Agent agentate required when reinstatishing)   DATE	office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	י עם ו	the como	oration's board of directors. I hereby accept the appointment as re	egistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 ITILE CHANGE CITY-ST-ZIP HIGH SPRINGS FL 1.2 NAME  NAME NRETADORESS AND AVENUE 1.3 STREET ADDRESS AND AVENUE 1.3 STREET ADDRESS AND AVENUE 1.4 CITY-ST-ZIP LEMONS, DONALD R. 3.2 STREET ADDRESS AND AVENUE 2.2 NAME 2.2 NAME 1.5 BROOKER FL 2.4 CITY-ST-ZIP ALACHUA FL 1.5 BN 1		m tamiliar with, and accept the obliga	ations of, Section 607.0505, Fi	ionua Siau	utes.	•		ļ	
TITLE	SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered	Agent	l signature re	required when reinstating) DATE		
NAME   PRUITT, MICHAEL L.   12 NAME   13 STREET ADDRESS   S.W. 23RD AVENUE   13 STREET ADDRESS   CITY-ST-ZIP   HIGH SPRINGS FL   14 CITY-ST-ZIP     Change   Addition   Additi	12.	OFFICERS A	ND DIRECTORS	13.					
STREET ADDRESS   STRE	TITLE	PD	☐ DELETE	1.1 TT	TLE		☐ Change	Addition	
CTY-ST-ZIP	NAME	PRUITT, MICHAEL L.		1.2 N/	ME				
TITLE	STREET ADDRESS	805 S.W. 23RD AVENUE		1.3 \$1	REET	ADDRESS			
NAME	CITY-ST-ZIP	HIGH SPRINGS FL		1.4 CI	TY-ST	r-ZIP			
STREET ADDRESS   RT. 1 BOX 66-D   23 STREET ADDRESS	TITLE	''	☐ DELETE			l	j change	L) Addition	
CITY-ST-ZIP	NAME	1					• •		
TITLE	STREET ADDRESS	<b>!</b>						1	
NAME   CLEMONS, DONALD R.   32 NAME     32 NAME     33 STREET ADDRESS   RT. 2 BOX 152   34 CITY-ST-ZIP     ALACHUA FL   34 LITILE     Change   Addition   Addition   Addition   ALACHUA FL   ALACHUA F			C) aci cre			T-ZIP	Change	Addition	
STREET ADDRESS		· <del>-</del>	☐ DETE IE						
CITY-ST-ZIP		'							
TITLE		l						ļ	
NAME   CLEMONS, MARTHA I.   4.2 NAME   STREET ADDRESS   RT.   2 BOX 152   4.3 STREET ADDRESS   CITY-ST-ZIP   ALACHUA FL   4.4 CITY-ST-ZIP   TITLE   SD,   DELETE   5.1 TITLE   NAME   LORD, ELLEN F.   5.2 NAME   STREET ADDRESS   RT. 1, BOX 66-D   5.3 STREET ADDRESS   CITY-ST-ZIP   BROOKER FL   DELETE   6.1 TITLE   NAME   CEMBRUCH, FRANK J SR   6.2 NAME			□ DELETE			T-ZIP	Change	☐ Addition	
STREET ADDRESS			□ pctric					_	
CITY-ST-ZIP         ALACHUA FL         4.4 CITY-ST-ZIP           TITLE         SD         DELETE         5.1 TITLE         Change         Addition           NAME         LORD, ELLEN F.         5.2 NAME         5.3 STREET ADDRESS         FT. 1, BOX 66-D         5.3 STREET ADDRESS           CITY-ST-ZIP         BROOKER FL         5.4 CITY-ST-ZIP         Change         Addition           TITLE         VD         DELETE         6.1 TITLE         CEMBRUCH, FRANK J SR         6.2 NAME		'				ADDDECC			
TITLE         SD,         DELETE         5.1 TITLE         Change         Addition           NAME         LORD, ELLEN F.         5.2 NAME		l .				1	1	1	
NAME   LORD, ELLEN F.   5.2 NAME   5.3 STREET ADDRESS   RT. 1, BOX 66-D   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   BROOKER FL   DELETE   6.1 TITLE   VD   DELETE   6.2 NAME   CEMBRUCH, FRANK J SR   C.2 NAME   C.3 STREET ADDRESS   6.4 CITY-ST-ZIP   C.4 NAME   C.5 NA			□ DELETE			1-2.IP	☐ Change	Addition	
STREET ADDRESS RT. 1, BOX 66-D  CITY-ST-ZIP  BROOKER FL  TITLE  VD  CEMBRUCH, FRANK J SR  5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME		LODD FLIENC	<b>_</b>						
STREET ADDRESS   ST. 15, DOX 60-D   SACTIV-ST-ZIP   SACTIV-ST-				5.3 ST	REET	ADDRESS			
TITLE VD DELETE 6.1 TITLE Change Addition CEMBRUCH, FRANK J SR 6.2 NAME	* * .								
NAME CEMBRUCH, FRANK J SR 6.2 NAME		4 11 1	☐ DELETE				Change	Addition	
		1		6.2 N	AME				
	STREET ADDRESS	1		6.3 S	REET	ADDRESS	i		

14. 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90043 025 \*\*\*158.75