

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-30-1999 90043 025 ***158.75

DOCUMENT # **P94000058789**

1. Corporation Name
STEP II, INC.



Principal Place of Business

13705 MARTIN LUTHER KING BLVD
ALACHUA FL 32615
US

Mailing Address

PO BOX 369
ALACHUA FL 32616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

59-3266639

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BURKETT, BARBARA A ESQ
2830 NW 41ST ST
SUITE 1
GAINESVILLE FL 32606

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PRUITT, MICHAEL L.
STREET ADDRESS 805 S.W. 23RD AVENUE
CITY-ST-ZIP HIGH SPRINGS FL

☐ DELETE

TITLE VP
NAME LORD, TOMMY A.
STREET ADDRESS RT. 1 BOX 66-D
CITY-ST-ZIP BROOKER FL

☐ DELETE

TITLE VD
NAME CLEMONS, DONALD R.
STREET ADDRESS RT. 2 BOX 152
CITY-ST-ZIP ALACHUA FL

☐ DELETE

TITLE TD
NAME CLEMONS, MARTHA I.
STREET ADDRESS RT. 2 BOX 152
CITY-ST-ZIP ALACHUA FL

☐ DELETE

TITLE SD
NAME LORD, ELLEN F.
STREET ADDRESS RT. 1, BOX 66-D
CITY-ST-ZIP BROOKER FL

☐ DELETE

TITLE VD
NAME CEMBRUCH, FRANK J SR
STREET ADDRESS RT 1 BOX 3225
CITY-ST-ZIP FT WHITE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/26/99 352-372-6703

CR2E034 (11/98)