

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90096 011 ***158.75

DOCUMENT # P95000060260

1. Corporation Name
SUR-STEP, INC.



Principal Place of Business

107 E. LADY LAKE BLVD
LADY LAKE FL 32159

Mailing Address

107 E. LADY LAKE BLVD
LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number

65-0603151

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 **5334 COUNTY ROAD 561**

2a. Mailing Address

26 **5334 COUNTY ROAD 561**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **CLERMONT, FL**

City & State

28 **CLERMONT, FL**

Zip

Country

24 **34711-9166** 25 **LAKE**

Zip

Country

29 **34711-9166** 30 **LAKE**

9. Name and Address of Current Registered Agent

THOMPSON, LISA
4203 BAIR AVE
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name

COULLETTE, JOHN D.

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

5334 COUNTY ROAD 561

83

84 City

CLERMONT

FL

85 Zip Code

34711

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

John D. Coulliette **JOHN D. COULLETTE TREASURER/DIRECTOR** **4/30/99**

(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 **P** ☐ DELETE
NAME **COULLETTE, SCOTT M**
STREET ADDRESS **2502 LAKE GRIFFIN ROAD**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **VP** ☒ DELETE
NAME **GODBOUT, RICHARD D**
STREET ADDRESS **4203 BAIR AVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **VP** ☒ DELETE
NAME **GODBOUT, JUDITH C**
STREET ADDRESS **4203 BAIR AVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **VP** ☒ DELETE
NAME **THOMPSON, ROBERT K**
STREET ADDRESS **4203 BAIR AVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **S** ☐ DELETE
NAME **THOMPSON, LISA M**
STREET ADDRESS **4203 BAIR AVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **TD** ☐ DELETE
NAME **COMLLETTE, JOHN D**
STREET ADDRESS **5334 COUNTY ROAD 561**
CITY-ST-ZIP **CLERMONT FL 34711-9166**

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

John D. Coulliette **JOHN D. COULLETTE** **4/30/99** **352 243-1299**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)