

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000061208 (1)

1. Corporation Name
STEP BY STEP TRUCKING, INC.

Principal Place of Business

11 PECAN COURSE DRIVE
OCALA FL 34472

Mailing Address

11 PECAN COURSE DRIVE
OCALA FL 34472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 18850 SE 12th Lane	26 18850 SE 12th Lane	3. Date Incorporated or Qualified 08/08/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3332431	Applied For Not Applicable
22 Williston, FL	27 Williston, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 32696	28 Levy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		

9. Name and Address of Current Registered Agent

HAYTER, JOHN F
704 NE 1ST ST
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name Georgia Seckinger
82 Street Address (P.O. Box Number is Not Acceptable)
18850 SE 12th Lane
83
84 City Williston FL 85 Zip Code 32696

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 Georgia Seckinger (Georgia Seckinger) DATE 6/2/98
(Signature typed or printed name of registered agent and the date of appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	
NAME	SECKINGER, STEVEN D	12 NAME	
STREET ADDRESS	29 PECAN DRIVE PASS	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	
NAME	SECKINGER, GEORGIA M	22 NAME	
STREET ADDRESS	29 PECAN DRIVE PASS	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Georgia Seckinger 5/1/98 528-9767
(Signature and typed or printed name of signing officer or director) Date Daytime Phone # 0063800

CR2E034 (10/97)