

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S99796

1. Corporation Name

1 STEPP FOOD STORE, INC.

Principal Place of Business

Mailing Address

4009 S. MACDILL AVENUE
TAMPA, FL 33611

3. Date incorporated or Qualified

12/12/91

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3095059

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

KIMBERLEY W. COLE, CPA

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

7605 ABBEY LANE

83. Suite, Apt. #, etc.

SUITE C

84. City

TAMPA

FL

85. Zip Code

33617

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

Kimberley W. Cole, CPA

KIMBERLEY W. COLE

5/30/96

(If a new registered agent is being appointed, the signature of the new registered agent is required.)

(If a new registered agent is being appointed, the signature of the new registered agent is required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
PRESIDENT
KEVIN READINGER
8006 DUMONT CT.
TAMPA, FL 33637

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
PRESIDENT
KEVIN READINGER
10908 THERESA ARBOR DRIVE
TEMPLE TERRACE, FL 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
SECRETARY/TREASURER
CATHY READINGER
8006 DUMONT CT.
TAMPA, FL 33637

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
SECRETARY/TREASURER
CATHY READINGER
10908 THERESA ARBOR DRIVE
TEMPLE TERRACE, FL 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
100001856881
-06/10/96--01019--051
***225.00

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:

Kevin Readinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96

DATE

(813)837-8793

PHONE

CS 6/10/96

CR2E034 (12/95)