FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V30525** **(2)**

1. Corporation Name

STEPKA INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 50954
JACKSONVILLE BEACH FL 32240

Mailing Address

P.O. BOX 50954
JACKSONVILLE BEACH FL 32240

3. Date Incorporated or Qualified: **04/22/1992**

3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21
22 State, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 State, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3115653** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUTTO, MORGAN C., III
1628 - 3RD AVENUE NORTH
JACKSONVILLE BEACH FL 32240

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 (Required Signature of Current Registered Agent Required When Changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTTO, MORGAN C.	1.2 NAME	
STREET ADDRESS	1628 - 3RD AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPKA, RICHARD W	2.2 NAME	
STREET ADDRESS	6840 RAMUNDO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEPKA, ANN C	3.2 NAME	
STREET ADDRESS	6840 RAMUNDO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NANCY J. O'TINGER	4.2 NAME	
STREET ADDRESS	4954 SHILOH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING, GA 30130	4.4 CITY-ST-ZIP	
TITLE	V.P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANDRA TOVAR	5.2 NAME	
STREET ADDRESS	120 CANNON GATE CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHARPSBURG, GA. 30277	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Richard W. Stepka RICHARD W. STEPKA PRES. 2-7-96 (770)734-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #