

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 544378 (3)**  
1. Corporation Name  
**LEE'S FRONT END ALIGNMENT CLINIC INC.**



Principal Place of Business: **10448-1 ATLANTIC BLVD. JACKSONVILLE FL 32225-6723**  
Mailing Address: **10448-1 ATLANTIC BLVD. JACKSONVILLE FL 32225-6769**

3. Date Incorporated or Qualified: **09/01/1977**  
3a. Date of Last Report: **02/23/1996**

21. Principal Place of Business <b>10448-1 ATLANTIC BLVD.</b>	26. Mailing Address <b>10448-1 ATLANTIC BLVD.</b>	4. FEI Number <b>59-1759606</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>JACKSONVILLE, FLA.</b>	28. City & State <b>JACKSONVILLE, FLA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>32225</b>	25. Country <b>DUVAL</b>	29. Zip <b>32225</b>	30. Country <b>DUVAL</b>

9. Name and Address of Current Registered Agent  
**CRAGAR, ROY A.  
1276 HAMILTON STREET  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3.	
B4. City	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY I, T.L.</b>		1.2 NAME	
STREET ADDRESS <b>13725 MACAPA ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY II, T.L.</b>		2.2 NAME	
STREET ADDRESS <b>916 STANLY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FERNANDINA BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAGER, ROY</b>		3.2 NAME	
STREET ADDRESS <b>1276 HAMILTON</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEDDY, MIKE</b>		4.2 NAME	
STREET ADDRESS <b>5503 UNIVERSITY BLVD N</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **T.L. Gregory I** **T.L. Gregory I** **1-28-97** **904-642-1010**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)