FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 S-195

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

B-5920-C

APPROVED

FILED
95 MAY 11 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 608287 (9)

1. Corporation Name

ORANGE COUNTY SPRING & ALIGNMENT, INC.

Principal Place of Business	Mailing Address
5495 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-2771	5495 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-2771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22 — 27
City & State — 23 — 28
Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: 59-1873625 ☐ 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

SWIGERT, BRETT L ESQ
345 N GROVE ST
EUSTIS FL 32726

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 Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	C.E.O./D. XX Change ☐ Addition
NAME	HYLANDER,ROBERT	NAME	
STREET ADDRESS	1017 ELYSIUM BLVD.	STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	CITY ST ZIP	
TITLE	D	TITLE	PRESIDENT/D. XX Change ☐ Addition
NAME	KAUK, JOSEPH	NAME	
STREET ADDRESS	7350 TOMERLIN LANE	STREET ADDRESS	
CITY ST ZIP	TANGERINE FL	CITY ST ZIP	
TITLE	VD	TITLE	PRESIDENT/D. XX Change ☐ Addition
NAME	HYLANDER, CHARLES	NAME	
STREET ADDRESS	1017 ELYSIUM BLVD	STREET ADDRESS	
CITY ST ZIP	MY DORA FL	CITY ST ZIP	
TITLE	D	TITLE	PRESIDENT/D XX Change ☐ Addition
NAME	KAUK, JOHN	NAME	
STREET ADDRESS	1101 EDEN DR	STREET ADDRESS	
CITY ST ZIP	ST. CLOUD FL	CITY ST ZIP	
TITLE	SD	TITLE	LU EVA RIGSBY XX Change ☐ Addition
NAME	RIGSBY LU EVE	NAME	
STREET ADDRESS	2020 W. LAKE BRANTLEY	STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	CITY ST ZIP	
TITLE	D	TITLE	TREASURER/D. XX Change XX Addition
NAME	RIGSBY, STEVE	NAME	CYNTHIA M. LIGHTSEY
STREET ADDRESS	2020 W LAKE BRANTLEY	STREET ADDRESS	7131 LEIGHTON WAY
CITY ST ZIP	LONGWOOD FL	CITY ST ZIP	ORLANDO, FL 32822

DROP

14. I declare I 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: Cynthia M. Lightsey 4/25/95 (407)855-4440
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0068589 CP