

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 # 608287 (9)

1. Corporation Name

ORANGE COUNTY SPRING & ALIGNMENT, INC.



Principal Place of Business

**5495 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-2771**

Mailing Address

**5495 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-2771**

3. Date Incorporated or Qualified
01/23/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and the corporation

Date of Registration Agent signature required when filing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**CEOD
HYLANDER, ROBERT
1017 ELYSIUM BLVD.
MT. DORA FL**

TITLE ☐ DELETE
NAME
**PD
KAUK, JOSEPH
7350 TOMERLIN LANE
TANGERINE FL**

TITLE ☐ DELETE
NAME
**PD
HYLANDER, CHARLES
1017 ELYSIUM BLVD
MY DORA FL**

TITLE ☒ DELETE
NAME
**PD
KAUK, JOHN
1101 EDEN DR
ST. CLOUD FL**

TITLE ☒ DELETE
NAME
**SD
RIGSBY, LU EVA
2020 W. LAKE BRANTLEY
LONGWOOD FL**

TITLE ☐ DELETE
NAME
**TD
LIGHTSEY, CYNTHIA M.
7131 LEIGHTON WAY
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Treasurer/Secretary ☒ Change ☐ Addition

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:

Chuck Hylander **Chuck Hylander** 4-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)