FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:48

DOCUMENT # K05727 (8)

1. Corporation Name
DON'S ALIGNMENT & BALANCE, INC.

Principal Place of Business	Mailing Address
C/O DON LEHMANN 15480 CORTEZ BLVD. BROOKSVILLE FL 34613	C/O DON LEHMANN 15480 CORTEZ BLVD. BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1987
3a. Date of Last Report: 02/11/1994

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

4. FEI Number: 59-2872625 ☐ 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

LEHMANN, DON
15480 CORTEZ BLVD.
BROOKSVILLE FL 34613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	11 TITLE	☐ Change ☐ Addition
NAME	LEHMANN, DON	12 NAME	
STREET ADDRESS	2080 REEF COURT	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	LEHMANN, THERESA	22 NAME	
STREET ADDRESS	2080 REEF COURT	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	
TITLE	~~VP~~	31 TITLE	☐ Change ☐ Addition
NAME	~~LEHMANN, KENNETH A~~ Look for Correction	32 NAME	
STREET ADDRESS	~~2080 REEF COURT~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~SPRING HILL FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

VP Lehmann, Kenneth A.
11444 Sheffield Rd.
Spring Hill, FL 34608

14. I do hereby certify that [illegible] in Section 110.07(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 electronic 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: Don Lehmann Don LEHMANN 3/28/95 1-904-796-6658
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0870019 CP