

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 044 ***150.00

DOCUMENT # 113347

1. Entity Name

ALLWEATHER TIRE CO



Principal Place of Business

4323 HERSCHEL ST
JACKSONVILLE FL 32210

Mailing Address

PO BOX 2037
JACKSONVILLE FL 32203



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0140350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

THEBAUT, BARBARA J.
4323 HERSCHEL ST
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME DUTTON, STERLING M JR.
STREET ADDRESS 870 TREASURY BEND RD
CITY-ST-ZIP CHARLESTON SC 29417

TITLE STD ☐ Delete
NAME THEBAUT, BARBARA J.
STREET ADDRESS 1634 WOODMERE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE PD ☐ Delete
NAME DUTTON, C. T.
STREET ADDRESS 4384 ROMA BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VPD ☐ Delete
NAME LANAHAN, BRIAN K
STREET ADDRESS ~~860 SMITH STREET~~ 209 Magnolia Rd A
CITY-ST-ZIP CHARLESTON SC 29401 29407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara J. Thebaut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-384-4067
Date Daytime Phone #