

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 113347

Entity Name: ALLWEATHER TIRE CO

FILED  
Jun 27, 2009  
Secretary of State

**Current Principal Place of Business:**

4323 HERSCHEL ST  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2037  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 59-0140350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THEBAUT, BARBARA J.  
4323 HERSCHEL ST  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DUTTON, STERLING M JR.  
Address: 870 TREASURY BEND RD  
City-St-Zip: CHARLESTON, SC 29417

Title: STD ( ) Delete  
Name: THEBAUT, BARBARA J.  
Address: 1634 WOODMERE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete  
Name: DUTTON, C. T  
Address: 4384 ROMA BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD ( ) Delete  
Name: LANAHA, BRIAN K  
Address: 209 MAGNOLIA RD A  
City-St-Zip: CHARLESTON, SC 29407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J THEBAUT

STD

06/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date