

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846995

Entity Name: TOM BARROW CO.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

2800 PLANT ATKINSON RD.
SMYRNA, GA 30080

New Principal Place of Business:

Current Mailing Address:

2800 PLANT ATKINSON RD.
SMYRNA, GA 30080

New Mailing Address:

FEI Number: 58-1152774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGS, KEITH
6950 HIGHWAY AVENUE, SUITE I
JACKSONVILLE, FL 32254 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BARROW, TOM,
Address: 2800 PLANT ATKINSON RD.
City-St-Zip: SMYRNA, GA

Title: VP () Delete
Name: BRAUN, DAVID J
Address: 2800 PLANT ATKINSON ROAD
City-St-Zip: SMYRNA, GA

Title: VP () Delete
Name: SEYMOUR, TERRY
Address: 1958 WEST HAMPSHIRE STREET
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: BILLINGS, KEITH
Address: 6950 HIGHWAY AVENUE, SUITE I
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP () Delete
Name: GREEN, ALAN
Address: 1603 BENCHMARK AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Delete
Name: KING, MIKE
Address: 1958 WEST NEW HAMPSHIRE STREET
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: TOM BARROW CO,
Address: 2800 PLANT ATKINSON RD.
City-St-Zip: SMYRNA, GA 30080

Title: VP (X) Change () Addition
Name: BRAUN, DAVID J
Address: 2800 PLANT ATKINSON ROAD
City-St-Zip: SMYRNA, GA 30080

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: DAVID J BRAUN, CPA

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date