FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L33161

1. Corporation Name

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90008 038 ***150.00

BARRON'S WHOLESALE TIRE, INC.								
Delegies Diese of Designers	Mailing Address				-			Ш
Principal Place of Business Mailing Address 479 HECKSCHER DR. 479 HECKSCHER DR.								
JACKSONVILLE FL 32226 JACKSONVILLE FL 32226					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			-
					12/01/1989		T:	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	-	Applied For	
21	Suite Apt # etc				59-2983975 Not Applic \$8.75 Addition		Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired		e Required	<u>"</u> -
City & State	City & State	City & State			6. Election Campaign Financing	\$5	00 May Be	$\neg \neg$
23	28				Trust Fund Contribution		ded to Fees	[
Zip Country	Zip	Country			8. This corporation owes the current year	ntangible		
2425	29 3	0			Personal Property Tax.	X Yes	□No	
9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
DADDON DAVED O			81	Name				
BARRON, DAVID S 479 HECKSCHER DR.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32226		ŀ	83					-
			84	City		. 85	Zip Code	
				•	<u> </u>		·	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the section of the s	and 607.1508, Florida Statutes	, the al	ove	-named corpo	ration submits this statement for the purpose	of changin	g its registere	ed
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.	ine corporation	Ta board of directors. Thereby accept the app	Omanion (o rogioto. cu	
SIGNATURE					when reinstating) DATE			
Signature, typed or printed name of registered agent 12. OFFICERS AND		13.	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 1	2
12. OFFICERS AND	DELETE	1.1 711	LE .			☐ Cha		
NAME BARRON, DAVID S.	_	1.2 NA						
STREET ADDRESS 6656 RAMOTH DRIVE		1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP JACKSONVILLE FL 32226		1.4 CI		1				
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 comporation 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, with all other like empowered. Il other like empowered.

SIGNATURE:

Daytime Phone #