

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# L33161

Entity Name: BARRON'S WHOLESALE TIRE, INC.

**Current Principal Place of Business:**

1302 EASTPORT RD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1302 EASTPORT RD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-2983975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARRON, DAVID S  
1302 EASTPORT RD  
JACKSONVILLE, FL 32218      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

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: BARRON, DAVID S.  
Address: 4420 CATHEYS CLUB LANE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: V ( ) Delete  
Name: BARRON, RICHARD J  
Address: 6940 RIVERCREST DR  
City-St-Zip: JACKSONVILLE, FL 32226

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

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 S. BARRON

PS

04/21/2009

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

\_\_\_\_\_ Date