2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P04000125434

Entity Name: ABC TIRE, INC.

Current Principal Place of Business:

FLORIDA MEDICAL ASSOC. BLDG.
113 E. COLLEGE AVENUE #140
TALLAHASSEE, FL 32301

New Principal Place of Business:

479 ZOO PARKWAY
JACKSONVILLE, FL 32226

Current Mailing Address:

3640 DARNALL PLACE
JACKSONVILLE, FL 32217

New Mailing Address:

479 ZOO PARKWAY
JACKSONVILLE, FL 32226

FEI Number: 20-2000192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRANT,ABRAHAM,REITER,MCCORMICK & GREENE PA
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: MAHON, MARY
Address: 3640 DARNALL PLACE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete
Name: FIORENTINO, MARTY
Address: 31 WEST ADAMS STREET, STE. 204
City-St-Zip: JACKSONVILLE, FL 32202

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: MARY MAHON D 07/07/2008

Electronic Signature of Signing Officer or Director — Date