2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P07000102296 04-30-2008 90205 015 ***150.00 SOUTHERN TIRE DISTRIBUTORS, INC. Principal Place of Business Mailing Address 1195 LARKIN RD 1195 LARKIN RD SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Ant. #. etc. 04102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0901453 Not Applicable. .Zip_ Zip -Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIDGES, DAVID LII Street Address (P.O. Box Number is Not Acceptable) 1195 LARKIN RD SPRING HILL, FL 34608 City Zip Code 8. 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. I am familiar with, and accept Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete TITLE ☐ Change ☐ Addition BRIDGES, DAVID L II NAME NAME 1195 LARKIN RD STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-7IP CITY-ST-7IP VSD ☐ Delete Change Addition TITLE TITLE BOGIE, BRIAN NAME STREET ADDRESS STREET ADDRESS 5076 TEATHER ST SPRING HILL, FL 34608 CITY-ST-ZIP CITY - ST - 71P ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change Addition TALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 at rustee time owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DAVID BRIDGES

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED