

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Gonzalez B. Machado Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **845143** (7)

1. Corporation Name  
**ABC-TREADCO, INC.**

Principal Place of Business	Mailing Address
1000 SOUTH 21ST STREET FORT SMITH AR 72901	1000 SOUTH 21ST STREET FORT SMITH AR 72901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/04/1980</b>	3a. Date of Last Report <b>01/27/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>3801 Old Greenwood Rd</b>	26 <b>P O Box 10048</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip <b>72903</b>	25 Country
29 <b>72917-0048</b>	30 Country

4. FEI Number <b>71-0349248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ NOTE: Registered Agent signature required when reappointing. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, RICHARD F.</b>	12 NAME	
STREET ADDRESS	<b>9000 CANTERBURY COVE</b>	13 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY-ST-ZIP	<b>FT SMITH AR</b>	14 CITY-ST-ZIP	<b>72903</b>
TITLE	<b>T</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, JOHN R</b>	22 NAME	
STREET ADDRESS	<b>1000 SOUTH 21ST ST</b>	23 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY-ST-ZIP	<b>FORT SMITH, AR 0</b>	24 CITY-ST-ZIP	<b>72903</b>
TITLE	<b>VAT</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLACK, R. DAVID</b>	32 NAME	
STREET ADDRESS	<b>1000 SOUTH 21ST ST.</b>	33 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY-ST-ZIP	<b>FORT SMITH AR</b>	34 CITY-ST-ZIP	<b>72903</b>
TITLE	<b>D</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ROBERT A.</b>	42 NAME	
STREET ADDRESS	<b>1000 SOUTH 21ST ST.</b>	43 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY-ST-ZIP	<b>FORT SMITH AR</b>	44 CITY-ST-ZIP	<b>72903</b>
TITLE	<b>PD</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, DONALD L</b>	52 NAME	
STREET ADDRESS	<b>1000 SOUTH 21ST ST</b>	53 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY-ST-ZIP	<b>FORT SMITH AR</b>	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>P</b>
STREET ADDRESS		63 STREET ADDRESS	<b>Randall M. Loyd</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>3801 Old Greenwood Rd Fort Smith, AR 72903</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 corporation 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.

SIGNATURE: R. David Slack R. David Slack 3-7-95 501-785-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #