

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845143** (7)

1. Corporation Name
~~ABC TREADCO, INC.~~
ABC TREADCO, INC.

OH 5/28

95 MAY 24 AM 10:35



Principal Place of Business
**3801 OLD GREENWOOD RD.
FORT SMITH AR 72903
US**

Mailing Address
**P.O. BOX 10048
FORT SMITH AR 72917-0048
US**

3. Date Incorporated or Qualified **02/04/1980** 3a. Date of Last Report **04/25/1995**

4. FEI Number **71-0349248** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

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

81 Name

82 Street Address (P.O. Box Number is Not Applicable) **729001841177**

83 **05/23/96--01048--001**
******200.00 ****200.00**

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature of the principal officer or registered agent of the corporation (Print Name) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD F.	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FT SMITH AR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEYERS, JOHN R	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FORT SMITH, AR 0	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	SLACK, R. DAVID	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT A.	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEAL, DONALD L	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOYD, RANDALL M	
STREET ADDRESS	3801 OLD GREENWOOD RD.	
CITY-ST-ZIP	FORT SMITH AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EDWARD G. MYERS	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAVID E. LOEFFLER	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WALTER ECHOLS	
33 STREET ADDRESS	3801 OLD GREENWOOD ROAD	
34 CITY-ST-ZIP	FORT SMITH, AR 72903	
41 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DAVID E. STUBBLEFIELD	
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.02(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: **Edward G. Myers** **EDWARD G. MYERS** 4/15/96 (501) 785-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)