

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

**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P34911 (8)

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

Principal Place of Business Mailing Address

1000 SOUTH 21ST STREET FT. SMITH AR 72901 1000 SOUTH 21ST STREET FT. SMITH AR 72901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/01/1991</b>		3a. Date of Last Report <b>04/28/1994</b>	
2. Principal Place of Business 21 <b>1001 South 21st Street</b>		2a. Mailing Address 26 <b>P O Box 10048</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		25 Country	
29 <b>729170048</b>		30 Country	
4. FEI Number <b>71-0706271</b>		Applied For 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. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A., III	1.2 NAME	
STREET ADDRESS	1000 S. 21ST STREET	1.3 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY - ST - ZIP	FT. SMITH AR	1.4 CITY - ST - ZIP	<b>72903</b>
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITER, JAMES J.	2.2 NAME	
STREET ADDRESS	1000 S. 21ST STREET	2.3 STREET ADDRESS	<b>101 S. 21st St</b>
CITY - ST - ZIP	FT. SMITH AR	2.4 CITY - ST - ZIP	<b>72901</b>
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL V.	3.2 NAME	
STREET ADDRESS	1000 S. 21ST STREET	3.3 STREET ADDRESS	<b>101 S. 21st St</b>
CITY - ST - ZIP	FT. SMITH AR	3.4 CITY - ST - ZIP	<b>72901</b>
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, JOHN R.	4.2 NAME	<b>VATAS</b>
STREET ADDRESS	1000 S. 21ST STREET	4.3 STREET ADDRESS	<b>R. David Slack</b>
CITY - ST - ZIP	FT. SMITH AR	4.4 CITY - ST - ZIP	<b>3801 Old Greenwood Rd Fort Smith, AR 72903</b>
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOTHAKER, RONALD W.	5.2 NAME	
STREET ADDRESS	1000 S. 21ST STREET	5.3 STREET ADDRESS	<b>101 S. 21st St</b>
CITY - ST - ZIP	FT. SMITH AR	5.4 CITY - ST - ZIP	<b>72901</b>
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, DONALD L.	6.2 NAME	
STREET ADDRESS	1000 S. 21ST STREET	6.3 STREET ADDRESS	<b>3801 Old Greenwood Rd</b>
CITY - ST - ZIP	FT. SMITH AR	6.4 CITY - ST - ZIP	<b>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 007, 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  
VP - Controller Date Daytime Phone #