

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34911 (8)**
1. Corporation Name
TREADCO, INC.



Principal Place of Business: **1001 S 21 STREET FT. SMITH AR 72901 US**
Mailing Address: **PO BOX 10048 FT. SMITH AR 72917 US**

3. Date Incorporated or Qualified: **08/01/1991** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **71-0706271** 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: **21 1101 SOUTH 21ST STREET** Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24 Zip: 25 Country: 29 Zip: 30 Country:

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 officer 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: _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A., III	12. NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	13. STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	14. CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITER, JAMES J.	27. NAME	MEYERS, JOHN R.
STREET ADDRESS	1101 SOUTH 21 STREET	23. STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	24. CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL V.	32. NAME	
STREET ADDRESS	1101 SOUTH 21 STREET	33. STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	34. CITY-ST-ZIP	
TITLE	VATS <input type="checkbox"/> DELETE	4. TITLE	V/A/T/A/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, R. DAVID	42. NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	43. STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	44. CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5. TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOTHAKER, RONALD W.	52. NAME	DAVID E. LOEFFLER
STREET ADDRESS	1101 SOUTH 21 STREET	53. STREET ADDRESS	3801 OLD GREENWOOD ROAD
CITY-ST-ZIP	FT. SMITH AR	54. CITY-ST-ZIP	FT. SMITH, AR 72903
TITLE	V <input type="checkbox"/> DELETE	6. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, DONALD L.	62. NAME	RICHARD F. COOPER
STREET ADDRESS	3801 OLD GREENWOOD RD	63. STREET ADDRESS	3801 OLD GREENWOOD ROAD
CITY-ST-ZIP	FT. SMITH AR	64. CITY-ST-ZIP	FT. SMITH, AR 72903

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 119.07(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 4/15/96 (501) 785-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone

CR2E034 (12/95)