

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34911 (8)

1. Corporation Name
TREADCO, INC.



Principal Place of Business 1101 S 21ST ST FT. SMITH AR 72901 US	Mailing Address PO BOX 10048 FT. SMITH AR 72917-0048 US
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3. Date Incorporated or Qualified 08/01/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 71-0706271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT A., III	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEYERS, JOHN R.	
STREET ADDRESS	1101 SOUTH 21 STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVANS, DANIEL V.	
STREET ADDRESS	1101 SOUTH 21 STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	VATS	<input type="checkbox"/> DELETE
NAME	SLACK, R. DAVID	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVID EL LOEFFLER	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, DONALD L.	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	5 RICHARD F. COOPER
6.3 STREET ADDRESS	3801 OLD GREENWOOD ROAD
6.4 CITY-ST-ZIP	FORT SMITH, AR 72903

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (9/96)