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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90032 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P34911

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1101 S 21ST ST  
 FT. SMITH AR 72901  
 US

PO BOX 10048  
 FT. SMITH AR 72917  
 US

3. Date Incorporated or Qualified

08/01/1991

2. Principal Place of Business

2a. Mailing Address

21 **1000 South 21<sup>st</sup> Street**

26 Suite, Apt. #, etc.

22 City & State  
 23 **Ft. Smith AR 72901**

27 City & State  
 28

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **CD YOUNG, ROBERT A., III**  
 STREET ADDRESS **3801 OLD GREENWOOD RD**  
 CITY-ST-ZIP **FT. SMITH AR**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD MEYERS, JOHN R.**  
 STREET ADDRESS **1101 SOUTH 21 STREET**  
 CITY-ST-ZIP **FT. SMITH AR**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **V EVANS, DANIEL V.**  
 STREET ADDRESS **1101 SOUTH 21 STREET**  
 CITY-ST-ZIP **FT. SMITH AR**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **V MORTON, J. LAVIN**  
 STREET ADDRESS **3801 OLD GREENWOOD RD**  
 CITY-ST-ZIP **FORT SMITH AR 72903**

4.1 TITLE  Change  Addition  
 4.2 NAME **morton, J. Lavin**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **T LOEFFLER, DAVID E.**  
 STREET ADDRESS **3801 OLD GREENWOOD RD**  
 CITY-ST-ZIP **FT. SMITH AR**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **S COOPER, RICHARD F**  
 STREET ADDRESS **3801 OLD GREENWOOD RD**  
 CITY-ST-ZIP **FT. SMITH AR**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *J. Lavin* **RE: LAVIN, MORTON**

4-13-99

501-494-6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)