

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 11:02

DOCUMENT # **804926** (4)

1. Corporation Name
BRIDGESTONE/FIRESTONE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
JOHN HOLMAN
50 CENTURY BLVD.
NASHVILLE TN 37214
US

3. Date Incorporated or Qualified **07/08/1938** 3a. Date of Last Report **01/26/1994**
4. FEI Number **34-0220440** 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	M. ONO
STREET ADDRESS	333-C VILLAGE POINTE DR
CITY-ST-ZIP	AKRON OH
TITLE	CFOD
NAME	T. ANDO
STREET ADDRESS	264 BRITISH WOODS DRIVE
CITY-ST-ZIP	NASHVILLE TN
TITLE	P
NAME	K. SHIBATA
STREET ADDRESS	8107 STEWART FERRY PKWY
CITY-ST-ZIP	NASHVILLE TN
TITLE	VP
NAME	D GRONINGER
STREET ADDRESS	100 WESTHAMPTON PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	VP
NAME	T. RENNINGER
STREET ADDRESS	557 MIDWAY CIRCLE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	CT
NAME	D SEELE
STREET ADDRESS	8433 COXBORO DR
CITY-ST-ZIP	BRENTWOOD TN

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 checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	J. Lampe
5.4 CITY-ST-ZIP	1018 St. Andrews, Edmond, OK 73034
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, 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 this report.

SIGNATURE: **David F. Seele** *[Signature]* 3/1/95 615-872-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Filing #
Controller-Tax