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FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 804926 (4)
1. Corporation Name:
BRIDGESTONE/FIRESTONE, INC.



Principal Place of Business: **JOHN HOLMAN
50 CENTURY BLVD.
NASHVILLE TN 37214
US**
Mailing Address: **JOHN HOLMAN
50 CENTURY BLVD.
NASHVILLE TN 37214-3672
US**

3. Date Incorporated or Qualified: **07/08/1938** 3a. Date of Last Report: **01/30/1996**
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. Suite, Apt. #, etc: 26. Suite, Apt. #, etc
22. City & State: 27. City & State
23. Zip: 28. Zip
24. Country: 29. Country
25. Country: 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 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	M. ONO	
STREET ADDRESS	333-C VILLAGE POINTE DR	
CITY - ST - ZIP	AKRON OH	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	T. ANDO	
STREET ADDRESS	264 BRITISH WOODS DRIVE	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	K. SHIBATA	
STREET ADDRESS	8107 STEWART FERRY PKWY	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	D GRONINGER	
STREET ADDRESS	100 WESTHAMPTON PLACE	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAMPE, J	
STREET ADDRESS	1018 ST ANDREWS	
CITY - ST - ZIP	EADMOND OK	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	D SEELE	
STREET ADDRESS	9433 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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, Block 13, or on an attachment with an address.

SIGNATURE: *David F. Seele* **David F. Seele** Controller, Tax 1/7/97 (615) 872-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)