

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

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90012 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **804926**

1. Corporation Name
BRIDGESTONE/FIRESTONE, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
JOHN HOLMAN
50 CENTURY BLVD.
NASHVILLE TN 37214
US

3. Date Incorporated or Qualified
07/08/1938

4. FEI Number
34-0220440

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

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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 checked="" 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 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 affect 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: _____ 1/7/99 (615) 872-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)