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Annual Report
Filed 6-26-79

2 pgs.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
JAN 26 9 30 AM 1979

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1979

SECRETARY OF STATE

THIS REPORT MUST BE ACCOMPANIED BY A STATEMENT OF FINANCIAL POSITION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

604926
FIRESTONE TIRE & RUBBER COMPANY - THE -
R. H. DAVIDSON
1200 FIRESTONE PARKWAY
AKRON, OHIO 44317

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

7/08/1938

4. Federal Employer Identification Number (FEIN)

34-0220440

5. Date of Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
RILEY, RICHARD A.	D	520 ST. ANDBENS DR.	AKRON, OH
DIFEDERICO, MARIO A.	P/O	2490 BRICE RD.	AKRON, OH
FLOBERG, JOHN F.	V/D	4240 IRA RD.	AKRON, OH
LEPAGE FRANK A. CARTON, EDWARD E.	V/D	3184 N. DEER RD. 1500 OAK KNOLL DR.	SILVER LAKE, OHIO AKRON, OH
FLOBERG, JOHN F.	V/S	355 DELAWARE AVE.	AKRON, OH
BREWER T.E. DENNY, JAMES W.	T	469 MCENTREE DRIVE 1166 GREENVALE AVE.	WADSWORTH, OHIO AKRON, OH

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name

CT CORPORATION SYSTEM

Street Address (Do NOT Use P.O. Box Number)

100 BISCAYNE BLVD

City, State and Zip Code

MIAMI, FL

33132

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. IMPORTANT - THIS SECTION MUST BE COMPLETED

Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?

YES

NO

9. IMPORTANT - THIS SECTION MUST BE COMPLETED IF ITEM 8 IS YES

Has said amendment been filed with this office?

YES

NO

10.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer

D.E. ST. LOUIS

Title

ASST CONTROLLER

Telephone Number

379-4560

Signature

[Signature]

Date

JANUARY 10, 1979

(Form COR 621) Rev 10/26/78

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