

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

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G82753 (6)**  
 1. Corporation Name  
**TREADWAY INDUSTRIES, INC.**

Principal Place of Business 111 WEBER AVE. P.O. BOX 492408 LEESBURG FL 34749-9408	Mailing Address 111 WEBER AVE. P.O. BOX 492408 LEESBURG FL 34749-9408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/30/1984</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
29		30		30	

4. FEI Number <b>59-2393444</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TREADWAY, GEORGE**  
**607 LAKE SHORE DR.**  
**LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name <b>DIXIES TREADWAY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>607 LAKE SHORE DR</b>
83
84 City <b>LEESBURG</b>
85 Zip Code <b>FL 34748</b>

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 *Dixie S. Treadway Sec.* DATE **2/19/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TREADWAY, GEORGE</b>
STREET ADDRESS	<b>607 LAKE SHORE DR.</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>TREADWAY, DIXIE S.</b>
STREET ADDRESS	<b>607 LAKE SHORE DR.</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TREADWAY, JOHN</b>
STREET ADDRESS	<b>1000 BOYLSTON ST.</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KIRBY, LISSA T.</b>
STREET ADDRESS	<b>RT. 1, BOX 114-A</b>
CITY-ST-ZIP	<b>WHITE BLUFF TN</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>TREADWAY, THOMAS A.</b>
STREET ADDRESS	<b>607 LAKE SHORE DR</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<b>CEO</b> <input checked="" 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 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.

SIGNATURE: *Dixie S. Treadway* DATE: **2/19/98** 352-326-4027

CR25034 (10/97)