

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90032 031 ***150.00

DOCUMENT # P34911

1. Corporation Name
TREADCO, INC.



Principal Place of Business

1101 S 21ST ST
FT. SMITH AR 72901
US

Mailing Address

PO BOX 10048
FT. SMITH AR 72917
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1991

4. FEI Number

71-0706271

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1000 South 21st Street

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

23 Ft. Smith AR 72901

28 Zip

Country

24 Zip 25 Country

29 Zip

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT A., III	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEYERS, JOHN R.	
STREET ADDRESS	1101 SOUTH 21 STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVANS, DANIEL V.	
STREET ADDRESS	1101 SOUTH 21 STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORTON, J. LAVIN	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FORT SMITH AR 72903	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOEFFLER, DAVID E.	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD F	
STREET ADDRESS	3801 OLD GREENWOOD RD	
CITY-ST-ZIP	FT. SMITH AR	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Morton, J. Lavin
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, with all other like empowered.

SIGNATURE:

J. Lavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

501-494-6823

CR2E034 (1/198)