

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90031 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39518

1. Corporation Name
FRIEND TIRE COMPANY

Principal Place of Business 11 INDUSTRIAL DRIVE MONETT MO 65708 US	Mailing Address 11 INDUSTRIAL DRIVE MONETT MO 65708 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/06/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	43-1609347
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	ISBELL, DONALD L.	1.2 NAME	KANDA, TADAO
STREET ADDRESS	11 INDUSTRIAL DRIVE	1.3 STREET ADDRESS	601 SOUTH ACACIA AVENUE
CITY-ST-ZIP	MONETT MO	1.4 CITY-ST-ZIP	FULLERTON CA
TITLE	S	2.1 TITLE	CONTROLLER
NAME	ANDERSON, MATTHEW J.	2.2 NAME	ODGIN, STANLEY
STREET ADDRESS	1500 INDIANA ST	2.3 STREET ADDRESS	11 INDUSTRIAL DRIVE
CITY-ST-ZIP	SALEM VA	2.4 CITY-ST-ZIP	MONETT MO
TITLE	T	3.1 TITLE	
NAME	MICHYASU, ARIYOSHI	3.2 NAME	
STREET ADDRESS	601 SOUTH ACACIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	YAMAGATA, EIKA	4.2 NAME	
STREET ADDRESS	601 SOUTH ACACIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA	4.4 CITY-ST-ZIP	
TITLE	DCOB	5.1 TITLE	
NAME	OGDEN, DANIEL L	5.2 NAME	
STREET ADDRESS	601 S ACACIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: MATTHEW J. ANDERSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 Date (540) 375-0222 Daytime Phone #

CR2E034 (11/98)

