

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S44436** (1)

1. Corporation Name

**TREAD SHED, INC.**



Principal Place of Business

**31706 COUNTY RD. 42  
DELAND FL 32720**

Mailing Address

**31706 COUNTY RD. 42  
DELAND FL 32720**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/11/1991**

3a. Date of Last Report

**06/21/1995**

4. FEI Number

**59-3040058**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**EARLY, CHARLES L., JR.  
112 N. FLORIDA AVE.  
DELAND FL 32720**

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 of signed or printed name of registered agent and the name of the

(NOTE: Registered Agent signature required for registration)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SNOWBERGER, GLENN, SR.**  
STREET ADDRESS **32132 5TH AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D SNOWBERGER, CAROL**  
STREET ADDRESS **32132 5TH AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D SNOWBERGER, MARGARET**  
STREET ADDRESS **32132 5TH AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D SNOWBERGER, GLENN, JR.**  
STREET ADDRESS **32136 5TH AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7. TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

8. TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

9. TITLE

92 NAME

93 STREET ADDRESS

94 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carol Snowberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-96** **352-669-3241**  
**352-669-5475**

Date

Ordinary Filing #

CR2E034 (12/95)