SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005665 (3)**

1. Corporation Name

SOUTHWEST AIRLINES CO.

Principal Place of Business	Mailing Address
P.O. BOX 36611 2702 LOVE FIELD DR. DALLAS TX 75235-1611	P.O. BOX 36611 2702 LOVE FIELD DR. DALLAS TX 75235-1611

3. Date Incorporated or Qualified: **11/07/1995**

3a. Date of Last Report: **First report**

4. FEI Number: **74-1563240** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 by the president or other officer of proposed agent, if this is applicable) (NOTE: Required if Agent signature not provided above) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLEHER, HERBERT D		1.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		1.4 CITY-ST-ZIP		
TITLE	EVCS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, COLLEEN C		2.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		2.4 CITY-ST-ZIP		
TITLE	COOV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARRON, GARY A		3.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DENISON, JOHN G		4.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, CAMILLE T		5.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		5.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, GARY C		6.2 NAME		
STREET ADDRESS	2707 LOVE FIELD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75235-1611		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary C. Kelly Gary C. Kelly 7-18-96 (214)792-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)